



**SAINT LOUIS
UNIVERSITY™**

— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<http://www.slu.edu/student-health-center>

HEALTH HISTORY AND IMMUNIZATION RECORD

Please Print

STUDENT NAME

BANNER ID

PERMANENT ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP

SEX

PHONE

INTENDED MAJOR IF KNOWN

INSTRUCTIONS:

1. Please read the University's Immunization Policy, which is summarized on the back of this document (pages 5 and 6).
2. Complete the form as directed. Please note that the Immunization History should be completed by the health care provider and signed by a physician if not provided directly from an official electronic health record.
3. Completed forms must be returned by:
 - August 1 for Fall Semester
 - January 3 for Spring Semester
 - May 1 for Summer Semester

AUTHORIZATION FOR RELEASE OF IMMUNIZATION DATA*

I authorize Saint Louis University to release this immunization record to public health authorities for compliance audits and/ or in the event of a health or safety emergency, and to health care providers and institutions to which I may be assigned during my educational experience if I choose a health professions related major.

STUDENT SIGNATURE

DATE

**Please note that this authorization is for the immunization record only.*



**SAINT LOUIS
UNIVERSITY™**
— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<http://www.slu.edu/student-health-center>

IMMUNIZATION HISTORY

STUDENT NAME	BANNER ID	DATE OF BIRTH
---------------------	------------------	----------------------

TO BE COMPLETED BY HEALTHCARE PROVIDER:

<u>Vaccine or Test</u>	<u>Vaccine Type</u>	<u>Dates(s)</u>	<u>Doctor or Clinic</u>
Polio	_____	Primary Series _____ _____	_____
		Booster _____	
Tetanus, Diphtheria, Pertussis	_____	Primary Series _____ _____ _____	_____
(Tdap in last 10 years)	_____	Booster _____	_____
Measles, Mumps, Rubella	_____	1st Dose 2nd Dose _____	_____
Meningitis	_____ _____	_____ _____	_____ _____
Varicella	_____	1st Dose 2nd Dose _____	_____
Other Vaccines	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Physician Clinic Name: _____
Address: _____

Physician Signature: _____ Date: _____

STUDENT SIGNATURE

DATE



**SAINT LOUIS
UNIVERSITY™**

— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<http://www.slu.edu/student-health-center>

TUBERCULOSIS SCREENING QUESTIONNAIRE

STUDENT NAME

BANNER ID

DATE OF BIRTH

Please answer the following questions:

- Yes No Have you lived or traveled for >2 months in Asia, Africa, Central or South America, or Eastern Europe?
 Yes No Were you born on one of these continents?
 Yes No Have you ever been vaccinated with BCG?
 Yes No Have you ever had a positive TB skin test or history of active tuberculosis infection?
 Yes No Has anyone living in your household ever had a history of active tuberculosis?
 Yes No Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison, or other health care facility?

If the answer is **NO** to all of the above questions, no further testing or action is required. Please sign below and forward this form with your immunization record to Saint Louis University Student Health Center. A physician's signature is not required on this questionnaire if you answered NO to all the questions.

If the answer is **YES** to any of the above questions, then Saint Louis University requires that a health care provider complete a tuberculosis risk assessment within 6 months prior to the start of class. Results of a tuberculin skin test (PPD) or IGRA blood test such as Quantiferon gold or a T-spot must be provided, unless a previous positive test has been documented. A chest x-ray performed within six months prior to the first day of class is required for a positive PPD or IGRA. A written medical interpretation of the x-ray (in English) must be included.

NOTE: Testing is recommended (but not mandated) for individuals in the following groups:

- HIV positive
 Immunosuppressive disorders from illness or medication (e.g. organ transplants, prednisone)
 History of IV drug abuse or alcoholism
 Students with chronic medical conditions (e.g. diabetes, cancer, kidney disease, malabsorption disorders, etc)

TB (Tuberculin) Skin Test - Date Administered: _____ Date Read: _____ Result: _____mm.

-OR- equivalent blood test result: _____

Chest X-ray required if TB test is positive: Date: _____ Result: NORMAL ABNORMAL

(Attach written medical interpretation of Chest X-ray in English).

Dates of treatment: _____

Physician/ Clinic name: _____

Physician/ Clinic address: _____

Phone number: _____

Physician signature: _____ Date: _____

(Physician signature is only required if providing TB test results, blood test results or chest x-ray).

By signing I attest that the above information is true to the best of my knowledge.

STUDENT SIGNATURE

DATE



**SAINT LOUIS
UNIVERSITY**
— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu
<http://www.slu.edu/student-health-center>

MENINGOCOCCAL VACCINATION REQUIREMENT FOR STUDENTS LIVING ON CAMPUS

REQUIREMENT MUST BE MET BEFORE THE START OF SCHOOL

STUDENT NAME

BANNER ID

DATE OF BIRTH

OPTION #1 VACCINE: To be completed by a health care provider: (Documentation from a physician showing receipt of vaccine or copy of immunization record is also acceptable).

The above named student received meningococcal vaccine on _____

Health Care Provider Name _____ Phone _____

Address _____
Street City State Zip

Signature of provider: _____

OPTION #2 VACCINE WAIVER: to be completed by the individual (or parent/ guardian for individuals less than 18 years of age) requesting an exemption from the requirement.

For individuals 18 years of age or older:

I am 18 years of age or older. I have received and read the information provided by Saint Louis University explaining the risks of meningococcal disease and am aware of the effectiveness and availability of the vaccine at the Student Health Center. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that Saint Louis University policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Saint Louis University, its officers, employees and agents from any and all costs, liabilities, expenses, claims of causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

Student signature: _____ Date: _____

PARENTAL ACKNOWLEDGMENT I have received and read the information provided by Saint Louis University and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

Name of Parent/ Guardian: _____ Date: _____

Signature of Parent/ Guardian: _____



**SAINT LOUIS
UNIVERSITY™**

— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<http://www.slu.edu/student-health-center>

SAINT LOUIS UNIVERSITY STUDENT IMMUNIZATION REQUIREMENTS

1. Diphtheria and Tetanus

Documentation of primary series of diphtheria and tetanus toxoid, and a booster within the past ten years.

2. Measles

Documentation of two doses of live measles (or MMR combined) vaccine separated by at least one month on or after the first birthday, or, documentation of physician-diagnosed disease or laboratory evidence of immunity. Individuals who received killed measles vaccine, combination of killed and live measles vaccine, or measles vaccine of an unknown type in the period 1963-1967 are considered unvaccinated, and should receive two doses of live vaccine at least one month apart.

3. Mumps

Documentation of one dose of live mumps (or MMR combined) vaccine on or after the first birthday, or, documentation of physician-diagnosed mumps or laboratory evidence of immunity. Persons who received killed mumps vaccine which was available between 1950-1978 might benefit from revaccination.

4. Rubella

Documentation of one dose of rubella (or MMR combined) vaccine on or after the first birthday, or, documentation of laboratory evidence of immunity.

5. Varicella

Documentation of two doses of live varicella vaccine separated by at least one month, or, documentation of physician-diagnosed disease or laboratory evidence of immunity or birth in U.S. before 1980.

6. Meningitis

Immunization is required for all freshmen students living in residence halls or signed waiver acknowledging risks/benefits of vaccine.

7. Tuberculin Test

Tuberculosis screening is required for all students. Tuberculosis testing is mandated for:

- International students born in a country with a high incidence of tuberculosis.
- Students with a history of living or traveling for more than 2 months in areas with a high incidence of tuberculosis disease.
- Students with signs or symptoms of active tuberculosis, a positive tuberculosis skin test or close contacts with a person known to have active tuberculosis.
- Students who have worked in nursing homes, hospitals, or other residential institutions.

For more information, go to the CDC website.

[http://www.cdc.gov/tb/publications/factsheets/testing/TB_Factsheet.pdf]

8. Hepatitis

Immunization against Hepatitis B is strongly recommended for all students and is required for health professions students prior to their clinical assignments.

9. Polio

Polio vaccine is not routinely given to adults, and therefore students are not required to receive a booster or a primary series if they were not previously immunized. Students should, however, document their childhood polio vaccine immunization. In the unlikely event of epidemic disease, special requirements may be instituted.

Exemptions, applicability, documentation and enforcement are stated on page 6 of this packet.



**SAINT LOUIS
UNIVERSITY™**

— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<http://www.slu.edu/student-health-center>

EXEMPTIONS:

1. Students claiming exemption from immunizations because of medical contraindications must submit a written statement signed and dated by a physician.
2. Students claiming exemption from immunizations because of religious beliefs must submit a written statement, signed and dated by the student (or parent/guardian if the student is a minor) describing his/her objection to immunization based upon bona fide religious beliefs or practice.

APPLICABILITY, DOCUMENTATION AND ENFORCEMENT:

3. This policy applies to all domestic and international students entering the University for the first time, unless medical or religious exemptions pertain. Students in the School of Professional Studies must only comply with the requirement related to tuberculin testing.
4. Submission of this record, by the date specified, is mandatory. Failure to comply will result in registration being cancelled and/or restricted.
5. The University also reserves the right to deny access to campus facilities, including residence halls, if documentation of compliance has not been provided. Further, in accordance with public health recommendations, non-immune students may be excluded from the University campus in the event of a measles, rubella, mumps or diphtheria outbreak or other public health recommendation.