

Date _____ Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Date of Birth _____ Phone (_____) _____

Permanent Address _____
Street City State Zip

Emergency Contact Person _____

Address _____
Street City State Zip

Relationship of Contact Person _____ Phone (_____) _____

REQUIRED IMMUNIZATIONS

Mercer University requires all **students born after 1956** to present proof of immunity to Rubella (German Measles), Rubeola (measles) and mumps.

MMR (measles-mumps-Rubella) may be given instead of individual immunizations.

First vaccination must have been after 12 months of age.
 Second injection must be given at least 30 days after the first.

First MMR		Second MMR	
Month	Year	Month	Year

OR

RUBEOLA (measles)

First vaccination must have been given after 12 months of age.
 Second injection must be given at least 30 days after the first.

First Measles Vaccination		Second Measles Vaccination or MMR	
Month	Year	Month	Year

RUBELLA (German Measles)

Month	Year

MUMPS

Month	Year

OR

Positive titers (blood tests) may also be submitted as proof of immunity, in lieu of vaccinations.

Copies of lab results must accompany this form.

Rubeola (Measles) Titer		Rubella (German Measles) Titer		Mumps Titer	
Month	Year	Month	Year	Month	Year

Signature of Health Care Provider _____ Date _____

(verifying that immunization dates are accurate)

Print Name and Address of Provider _____

Stamp

Please complete other side of form ...

RECOMMENDED IMMUNIZATIONS

These vaccinations are recommended, but not required:

Tetanus: Date of Last Td (tetanus) Vaccination _____ (A tetanus booster is recommended every 10 yrs).

Meningitis: One dose upon entry into college for freshmen living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any undergraduate less than 25 years who wishes to reduce their risk of disease can consider the vaccine. Students with immunodeficiency such as complement deficiency or asplenia should receive vaccine every 3-5 years.

Meningitis Vaccine: Date of Vaccination _____

Hepatitis B: Date of Vaccination _____

Chickenpox: Date of Vaccination _____

REQUIRED TUBERCULOSIS SCREENING

1. Does the student have signs or symptoms of active TB disease? Yes No

If no, proceed to question two.

If yes, proceed with additional evaluation to exclude active TB disease, including PPD tuberculosis skin testing, chest x-ray and sputum evaluation as indicated.

2. Is the student a member of a high-risk group¹ or is the student entering the health profession? Yes No

If no, stop. No further evaluation is needed at this time. Please sign and stamp below.

If yes, PPD tuberculosis skin test is required. A history of BCG vaccination should not preclude testing.

3. PPD Tuberculosis skin test: Date given: _____ Date read: _____

Result: actual mm of induration, transverse diameter. "0" if no induration. _____

Interpretation (based on mm of induration and risk factors): Positive Negative

4. Chest x-ray (CXR) required if PPD is positive:

Date of CXR _____ Result: Normal CXR Abnormal CXR

Signature of Health Care Provider (required) _____ Date _____

Print name and address of provider _____

Stamp

¹ Categories of high-risk students include students who have arrived within the last five years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students who arrived from any country EXCEPT countries on the following list should be considered at high risk: American Samoa, Australia, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Jamaica, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Saint Kitts and Nevis, Saint Lucia, San Marino, Sweden, Switzerland, United Kingdom, USA, Virgin Islands. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters, and those who have clinical conditions such as diabetes, chronic renal failure, leukemias, or lymphomas, low body weight, gastrectomy and jejunioleal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15mg/d for 1 month) or other immunosuppressive disorders.

Health Insurance Requirement: All Mercer students, except those enrolled in the Regional Academic Centers or distance learning programs are automatically enrolled in the University sponsored student health insurance plan. Students are charged for the plan. To have the charge removed, students are required to show evidence of personal health insurance. To enter your personal insurance information, use your Mercer ID number to log onto BearPort.

Please make a copy of this completed form for your records. Mercer Student Health Center cannot forward a copy of your records to another institution. Send the original form to:

Mercer University, Student Health Center, 1550 College Street, Macon, Georgia 31207

