

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), and Meningococcal/Meningitis is required, as well as Tuberculosis screening and/or testing. This is a requirement for all students entering UAH. Both the Vaccinations form and Tuberculosis Screening form must be completed in English and are the preferred document for proof of immunizations.

Complete and Mail to:

The University of Alabama in Huntsville
 Student Health Center
 Wilson Hall, Room 325
 301 Sparkman Drive
 Huntsville, AL 35899

Drop off:

Wilson Hall, Room 323
 Phone: 256.824.6948
 Fax: 256.824.5809
 Email: shc@uah.edu

VACCINATIONS

The University requires all students born after 1956 to have had 2 doses of measles (rubeola) vaccine. One dose must have been a **Measles, Mumps, Rubella** (MMR) vaccine. Students ages 30 and older may submit evidence of one MMR if the dose was received after 1980. A copy of a lab report showing proof of immunity from measles (rubeola), mumps, and rubella can be submitted in lieu of the vaccine.

A **Meningitis** vaccination within the past five (5) years is required for all first time freshmen and all students living in on-campus residence halls.

TUBERCULOSIS SCREENING

All students are required to complete the Tuberculosis Screening form. Further tuberculosis testing may be required based upon information received on the screening form.

Students who are screened and found to have a positive screening test will not be permitted to attend classes until follow-up testing can be completed and it is determined there is no active Tuberculosis disease.

DOCUMENTATION REQUIREMENTS

All students must submit completed immunization forms and supporting documentation to the Student Health Center at least 30 days before the start of classes. If a student has not fulfilled the requirements, a hold will be placed on their University account preventing continued enrollment.

Please note: The requirements noted above are for new students being admitted to The University of Alabama in Huntsville. Individual colleges, e.g. College of Nursing, may have additional immunization requirements.

Copies of all Student Health Center Immunization Forms can be found online at uah.edu/SHC.

These are general guidelines to be interpreted by the clinic staff. Subject to change based on the medical needs of the University.

VACCINATIONS

PART I – TO BE COMPLETED BY THE STUDENT

Name _____ A# _____
last first middle

Date of Birth ____/____/____ Phone # _____ Email Address _____

First Semester Attending: (circle/complete year) Fall _____ Spring _____ Summer _____

Admission Status: (circle one) Freshman Transfer Graduate Other _____

Residence Status – where you will be living while a student: (circle one) On-campus Off-campus

Will you be covered by a medical insurance policy while enrolled? Yes No

If yes: Name of Medical Insurance _____ Policy Holder's Name _____

PART II – TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER (All information must be in English)

A. Measles, Mumps, Rubella (MMR) Vaccine (Refer to section above for specific guidelines)

Date of 1st dose: ____/____/____ Date of 2nd dose: ____/____/____

B. Meningitis Vaccine (Refer to section above for specific guidelines)

Date of vaccine (within last 5 years): ____/____/____ Type: _____

C. Recommended Vaccinations

Hepatitis B (3 shots) 1st ____/____/____ 2nd ____/____/____ 3rd ____/____/____

Varicella 1st ____/____/____ 2nd ____/____/____

Td ____/____/____ or Tdap ____/____/____

Physician or Authorized Signature _____ Date _____ License # or Clinic Stamp _____

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

TO BE COMPLETED BY THE STUDENT

Name _____ A# _____
last first middle

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
 (If yes, please CIRCLE the country, below)

- | | | | | |
|----------------------------------|----------------------------|-----------------------|-----------------------|-----------------------------|
| Afghanistan | Côte d'Ivoire | Kenya | Nicaragua | South Africa |
| Algeria | Democratic People's | Kiribati | Niger | South Sudan |
| Angola | Republic of Korea | Kuwait | Nigeria | Sri Lanka |
| Argentina | Democratic Republic | Kyrgyzstan | Niue | Sudan |
| Armenia | of the Congo | Lao People's | Pakistan | Suriname |
| Azerbaijan | Djibouti | Democratic Republic | Palau | Swaziland |
| Bahrain | Dominican Republic | Latvia | Panama | Tajikistan |
| Bangladesh | Ecuador | Lesotho | Papua New Guinea | Thailand |
| Belarus | El Salvador | Liberia | Paraguay | Timor-Leste |
| Belize | Equatorial Guinea | Libya | Peru | Togo |
| Benin | Eritrea | Lithuania | Philippines | Trinidad and Tobago |
| Bhutan | Estonia | Madagascar | Poland | Tunisia |
| Bolivia (Plurinational State of) | Ethiopia | Malawi | Portugal | Turkey |
| Bosnia and Herzegovina | Fiji | Malaysia | Qatar | Turkmenistan |
| Botswana | Gabon | Maldives | Republic of Korea | Tuvalu |
| Brazil | Gambia | Mali | Republic of Moldova | Uganda |
| Brunei Darussalam | Georgia | Marshall Islands | Romania | Ukraine |
| Bulgaria | Ghana | Mauritania | Russian Federation | United Republic of Tanzania |
| Burkina Faso | Guatemala | Mauritius | Rwanda | Uruguay |
| Burundi | Guinea | Mexico | Saint Vincent and | Uzbekistan |
| Cabo Verde | Guinea-Bissau | Micronesia | the Grenadines | Vanuatu |
| Cambodia | Guyana | (Federated States of) | Sao Tome and Principe | Venezuela |
| Cameroon | Haiti | Mongolia | Senegal | (Bolivarian Republic of) |
| Central African Republic | Honduras | Morocco | Serbia | Viet Nam |
| Chad | India | Mozambique | Seychelles | Yemen |
| China | Indonesia | Myanmar | Sierra Leone | Zambia |
| Colombia | Iran (Islamic Republic of) | Namibia | Singapore | Zimbabwe |
| Comoros | Iraq | Nauru | Solomon Islands | |
| Congo | Kazakhstan | Nepal | Somalia | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to apps.who.int/ghodata.

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student Signature _____

Date _____

Questions? Contact the Student Health Center:
 256.824.6948 / shc@uah.edu

