IMMUNIZATION REQUIREMENTS

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 (rubella) 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 (rubella), mumps, and rubella can be submitted in lieu of the vaccine.

A Meningitis (A, C, Y, W-135) 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.

PART I – TO BE COMPLETED BY THE STUDENT

Name ___________________________ last ______________ first ______________ middle ______________ A# __________________________

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? o Yes o 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. Required Vaccinations

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

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

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

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

B. Recommended Vaccinations

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

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

3. Td ____/____/____ or Tdap ____/____/____
IMMUNIZATION REQUIREMENTS
UAH STUDENT HEALTH CENTER

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE
TO BE COMPLETED BY THE STUDENT

Name ____________________________ 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 or territories listed below that have a high incidence of active TB disease? (If yes, please circle the country, below)

[ ] No

Afghanistan [ ] Yes
Algeria [ ] No
Angola [ ] Yes
Anguilla [ ] No
Argentina [ ] Yes
Armenia [ ] No
Azerbaijan [ ] Yes
Bangladesh [ ] No
Belarus [ ] Yes
Belize [ ] No
Benin [ ] Yes
Bhutan [ ] No
Bolivia (Plurinational State of) [ ] Yes
Bosnia and Herzegovina [ ] No
Botswana [ ] Yes
Brazil [ ] No
Brunei Darussalam [ ] Yes
Bulgaria [ ] No
Burkina Faso [ ] Yes
Burundi [ ] No
Cabo Verde [ ] Yes
Cambodia [ ] No
Cameroon [ ] Yes
Central African Republic [ ] No
Chad [ ] Yes
China [ ] No
China, Hong Kong SAR [ ] Yes
China, Macao SAR [ ] No
Colombia [ ] Yes
Comoros [ ] No
Congo [ ] Yes
Côte d’Ivoire [ ] No
Democratic People’s Republic of Korea [ ] Yes
Democratic Republic of the Congo [ ] No
Djibouti [ ] Yes
Dominican Republic [ ] No
El Salvador [ ] Yes
Equatorial Guinea [ ] No
Eritrea [ ] Yes
Ethiopia [ ] No
Fiji [ ] Yes
Gabon [ ] No
Gambia [ ] Yes
Georgia [ ] No
Ghana [ ] Yes
Greenland [ ] No
Guam [ ] Yes
Guatemala [ ] No
Guinea [ ] Yes
Guinea-Bissau [ ] No
Guyana [ ] Yes
Haiti [ ] No
Honduras [ ] Yes
India [ ] No
Indonesia [ ] Yes
Iraq [ ] No
Kazakhstan [ ] Yes
Kenya [ ] No
Kiribati [ ] Yes
Kuwait [ ] No
Kyrgyzstan [ ] Yes
Lao People’s Democratic Republic [ ] No
Latvia [ ] Yes
Lesotho [ ] No
Liberia [ ] Yes
Libya [ ] No
Lithuania [ ] Yes
Madagascar [ ] No
Malawi [ ] Yes
Malaysia [ ] No
Maldives [ ] Yes
Mali [ ] No
Marshall Islands [ ] Yes
Mauritania [ ] No
Mauritius [ ] Yes
Mexico [ ] No
Micronesia (Federated States of) [ ] Yes
Mongolia [ ] No
Montenegro [ ] Yes
Morocco [ ] No
Mozambique [ ] Yes
Myanmar [ ] No
Namibia [ ] Yes
Nauru [ ] No
Nepal [ ] Yes
New Caledonia [ ] No
Nicaragua [ ] Yes
Niger [ ] No
Nigeria [ ] Yes
Northern Mariana Islands [ ] No
Pakistan [ ] Yes
Palau [ ] No
Panama [ ] Yes
Papua New Guinea [ ] No
Paraguay [ ] Yes
Peru [ ] No
Philippines [ ] Yes
Portugal [ ] No
Qatar [ ] Yes
Republic of Korea [ ] No
Republic of Moldova [ ] Yes
Romania [ ] No
Russian Federation [ ] Yes
Rwanda [ ] No
Saint Tome and Principe [ ] Yes
Senegal [ ] No
Serbia [ ] Yes
Sierra Leone [ ] No
Singapore [ ] Yes
Somalia [ ] No
South Africa [ ] Yes
South Sudan [ ] No
Sri Lanka [ ] Yes
Sudan [ ] No
Suriname [ ] Yes
Swaziland [ ] No
Syrian Arab Republic [ ] Yes
Tajikistan [ ] No
Tanzania (United Republic of) [ ] Yes
Thailand [ ] No
Timor-Leste [ ] Yes
Togo [ ] No
Tunisia [ ] Yes
Turkmenistan [ ] No
Tuvalu [ ] Yes
Uganda [ ] No
Ukraine [ ] Yes
Uruguay [ ] No
Uzbekistan [ ] Yes
Vanuatu [ ] No
Venezuela (Bolivarian Republic of) [ ] Yes
Viet Nam [ ] No
Yemen [ ] Yes
Zambia [ ] No
Zimbabwe [ ] Yes


Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, check the countries or territories, 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 ever been a resident 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

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