University of Alabama in Huntsville Student Health Center

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 UAHuntsville. Both the Vaccinations form and Tuberculosis Screening form must be completed in English and are the preferred document for proof of immunizations.

Complete and Return to: The University of Alabama in Huntsville Student Health Center University Center Room 203 301 Sparkman Drive Huntsville, AL 35899 Phone 256-824-6071 Fax 256-824-5809 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 international students are required to have a Tuberculosis test. The test must be administered in the United States within 12 months of the student's most recent arrival in the United States. These results must be verified by the Student Health Center upon arrival to campus. TB screening tests can be administered upon your arrival to campus at the Student Health Center.

All domestic students are required to complete the Tuberculosis Screening form. Tuberculosis testing may be required for domestic students based upon information provided on the health screening form.

Students, international or domestic, 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.

<u>Please note:</u> The requirements noted above are for new students being admitted to 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 www.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. Form v2013

University of Alabama in Huntsville Student Health Center

Vaccinations

PART I – TO BE COMPLETED BY THE STUDENT

Name						A#	
	Last	First	Middle				
Date of Birth	//	Phone #		Email Addr	ess		
First Semeste	r Attending: (C	Circle/Complete) Fall	(Year)	pring(Year)	Summer	(Year)	
Admission St	atus: (circle on	e) Freshman	Transfer	Graduate	Other		
Residence Status (where you will be living while a student): (circle one) On-campus Off-campus							
Will you be c	overed by a me	dical insurance policy	while enrolled	? Yes / No	If yes:		
Name of Med	lical Insurance		Poli	cy Holder's Na	ame		

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

A. Measles, Mumps, Rubella (MMR) Vaccine

Date of 1 st dose://	Date of 2 nd dose://
D. Moningitia Vaccina	

B. Meningitis Vaccine

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

C. Recommended Vaccinations

Hepatitis B (3 shots)	_/ 1 st	_/ //	//
Varicella///		//	
Td//	or	Tdap//	

University of Alabama in Huntsville Student Health Center

Tuberculosis Screening Name A# First Middle Last Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students) 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? □ No □ Yes (If yes, please CIRCLE the country, below) Côte d'Ivoire Afghanistan Nicaragua Japan Sudan Algeria Croatia Kazakhstan Niger Suriname Democratic People's Republic of Angola Kenya Nigeria Swaziland Argentina Korea Kiribati Pakistan Syrian Arab Republic Armenia Democratic Republic of the Kuwait Palau Tajikistan Azerbaijan Congo Kyrgyzstan Panama Thailand Bahrain Djibouti Lao People's Democratic Papua New Guinea The former Yugoslav Bangladesh Dominican Republic Republic Paraguay Republic of Belarus Ecuador Latvia Peru Macedonia Belize El Salvador Lesotho Philippines Timor-Leste Benin Equatorial Guinea Liberia Poland Togo Tunisia Turkey Bhutan Eritrea Libyan Arab Jamahiriya Portugal Bolivia (Plurinational State of) Estonia Lithuania Qatar Bosnia and Herzegovina Ethiopia Madagascar Republic of Korea Turkmenistan Republic of Moldova Malawi Botswana Tuvalu Fiji Brazil Gabon Malaysia Romania Uganda Brunei Darussalam Gambia Maldives **Russian Federation** Ukraine United Republic of Rwanda Bulgaria Georgia Mali Burkina Faso Ghana Marshall Islands Saint Vincent and the Tanzania Guam Mauritania Burundi Grenadines Uruguay Sao Tome and Principe Cambodia Guatemala Mauritius Uzbekistan Cameroon Micronesia (Federated States Senegal Vanuatu Guinea Venezuela (Bolivarian Guinea-Bissau Cape Verde of) Seychelles Central African Republic Mongolia Republic of) Guyana Sierra Leone Viet Nam Chad Morocco Singapore Haiti China Honduras Mozambique Solomon Islands Yemen Colombia India Myanmar Somalia Zambia Indonesia Comoros Namibia South Africa Zimbabwe Congo Iraq Nepal Sri Lanka

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of \geq 20 cases per 100,000 population. For future updates, refer to http://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 <i>M. tuberculosis</i> infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?	□ Yes	🛛 No