

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 256-824-6948
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.

Please note: 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.

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 Address _____

First Semester Attending: (Circle/Complete) Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

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 page 1 for specific guidelines)

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

B. Meningitis Vaccine (Refer to page 1 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 _____

The University of Alabama in Huntsville Student Health Center

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

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 Republic of	Kiribati	Niger	South Sudan
Angola	Korea	Kuwait	Nigeria	Sri Lanka
Argentina	Democratic Republic of the	Kyrgyzstan	Niue	Sudan
Armenia	Congo	Lao People's Democratic	Pakistan	Suriname
Azerbaijan	Djibouti	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
Burkina Faso	Guatemala	Mauritius	Rwanda	Tanzania
Burundi	Guinea	Mexico	Saint Vincent and the	Uruguay
Cabo Verde	Guinea-Bissau	Micronesia (Federated States	Grenadines	Uzbekistan
Cambodia	Guyana	of)	Sao Tome and Principe	Vanuatu
Cameroon	Haiti	Mongolia	Senegal	Venezuela (Bolivarian
Central African Republic	Honduras	Morocco	Serbia	Republic of)
Chad	India	Mozambique	Seychelles	Viet Nam
China	Indonesia	Myanmar	Sierra Leone	Yemen
Colombia	Iran (Islamic Republic of)	Namibia	Singapore	Zambia
Comoros	Iraq	Nauru	Solomon Islands	Zimbabwe
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 <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 *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