

# IMMUNIZATION REQUIREMENTS

UAH STUDENT HEALTH CENTER

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 (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](http://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?  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. 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** \_\_\_\_/\_\_\_\_/\_\_\_\_

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 or territories listed below that have a high incidence of active TB disease?                       Yes                       No

(If yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en>.

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 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

