

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.

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

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

