

IMMUNIZATION REQUIREMENTS for all Students entering Fall 2017 or later

To ensure the health and safety of the UNA campus, proof of immunization against some vaccine-preventable diseases is required, as well as Tuberculosis screening and/or testing. All students entering UNA Fall semester 2017 or later must complete:

- UHS-IM FORM A – Immunization Requirements
 - Part I is completed by all students
 - Part II is completed by all students except those requesting a waiver
- UHS-IM FORM B – Tuberculosis Screening
 - This form is completed by all students
 - An appointment with University Health Services and additional testing may be required based upon information received through the screen.
- UHS-IM FORM C – Immunization Waiver
 - This form is to be completed by all students that do not meet the immunization requirements.
 - Students that will not be on campus may request an exemption by completing UHS- IM FORM 3
 - Students that lack proof of immunity but intend to meet the immunization requirements may request a temporary waiver by completing UHS IM FORM C and scheduling an appointment with Health Services.

DOCUMENTATION REQUIREMENTS

All students entering UNA for the first time should submit completed immunization forms and supporting documentation to University Health Services at least 30 days before the start of classes. University Health Services will accept forms at any time, but UHS cannot assure immunization requirement clearance for students submitting forms late. Failure to receive immunization requirement clearance prior to registration may interrupt starting classes or prevent a student from moving into a residence hall.

All forms must be completed in English and mailed to:
University Health Services
UNA Box 5009
Florence, Alabama 35632

REQUIRED IMMUNIZATIONS – Students will need to provide proof of immunity for each of the diseases listed below.

MMR -Measles, Mumps, Rubella

Students born after 1956

2 doses of **MMR** at least 28 days apart after 12 months of age **OR** a copy of a lab report showing proof of immunity from measles (rubeola), mumps, and rubella can be submitted in lieu of the vaccine.

VARICELLA – Chickenpox/Shingles

Students born after 1979

2 doses of **Varicella vaccine** at least 28 days apart **OR** health care provider documented history with the date of the disease **OR** a copy of a lab report showing proof of a positive Varicella IgG antibody

MENINGOCOCCAL- Meningitis

Students age less than 22

Proof of immunization against meningitis with the second dose given on or after the 16th birthday.

Tdap-Tetanus, Diphtheria, Acellular Pertussis-

Students age less than 64

One dose between age 11 and 64. If Tdap is more than 10 years old, a Td booster is required. Tdap can be administered regardless of the interval since the last vaccine.

Waiver from Immunization Requirements

Students that do not meet the immunization requirements should complete Part I of UHS-IM FORM A, UHS-IM FORM B (TB screen form)and UHS-IM FORM C (the waiver form).

Please note: The College of Nursing and International Students may have additional immunization requirements.

Additional Information and copies of all Health Services Immunization Forms can be found on University Health Services web page www.una.edu/healthservices

These are general guidelines to be interpreted by the clinic staff and subject to change based on the medical needs of the University. UNA Health Services monitors and adjusts requirements based on the recommendations of the CDC, WHO, ACIP and ACHA

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UNA Health Services

PART I – TO BE COMPLETED BY THE STUDENT (please print, illegible forms will be returned)

Name _____ L# _____
last first middle

Date of Birth ____/____/____ Phone # _____ Email Address _____

First Semester Attending: (e.g. Fall 2017) _____ Admission Status: (circle one) Freshman Transfer Graduate Other _____

Residence Status – where you will be living while a student: (circle one) On-campus Off-campus

I am requesting exemption from the immunization requirements. (Skip Part II and complete UHS-IM FORM B and UHS-IM FORM C)

PART II – TO BE COMPLETED BY THE STUDENT OR A HEALTH CARE PROVIDER (All information must be in English)

Immunization dates must be entered into this form. If all required immunizations are supported by a state department of public health immunization record, the dates should be transferred to this form and a copy of the health immunization record attached as supporting evidence. If all required immunizations are recorded on the public health immunization record, a health care provider's signature is not required. If immunizations were received from a health care provider or if a lab test or history of the illness is used in lieu of the immunization, a physician or nurse practitioner must sign the form.

REQUIRED IMMUNIZATIONS

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

Date of 1st dose: _____ Date of 2nd dose: _____ OR Positive Rubeola antibody blood titer: Date _____

Positive Rubella antibody blood titer: Date _____ Positive Mumps antibody blood titer: Date _____

Varicella Vaccine: Date of 1st dose _____ Date of 2nd dose _____ OR Positive Varicella IgG antibody: Date _____

OR Documented history of varicella (chicken pox) or Herpes Zoster(Shingles): Date _____

Meningitis Vaccine: Date of vaccine First Dose: _____ Second Dose: (on or after 16th birthday): _____ Type: Menactra Menveo _____

Tetanus, Diphtheria, Pertussis (Tdap): Date _____ or **Td:** Date _____

Printed Name and Signature of Authorized Health Care Provider (Physician, Nurse Practitioner, PA) _____ Date _____ State License # or Clinic Stamp _____

Printed Name of Student _____ Signature of Student _____ Date _____

Printed Name and Signature of parent/legal guardian if student is less than 19 years of age _____ Date _____

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/> **The significance of travel exposure should be discussed with a health care provider and evaluated.**

Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease?

 Yes No *(If yes, Circle the countries, above)*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 NoHave you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes NoHave 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

Printed Name of Student

Signature of Student

Date

Printed Name and Signature of parent/legal guardian if student is less than 19 years of age

Date

Immunization Waiver

UNA Health Services

A student can request a waiver for an immunization requirement by completing this form and returning it to University Health Services (UHS) at least 30 days prior to moving into a residence hall or attending class on campus. If a student plans to complete the immunization requirements but is admitted less than 30 days prior to moving into a residence hall or attending class, the student should request a temporary* waiver in order to fulfill the immunization requirement.

Name _____ L# _____

I am requesting a waiver for: (initial all that apply)

_____ All immunizations

_____ Meningitis (Meningitis is a serious illness that affects the brain and spinal cord and can rapidly progress to death. The Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) state that college students, particularly freshmen living in residence halls, are at a greater risk for contracting meningitis than the general population. The Meningococcal Vaccines (Meningitis) are highly effective against the most common bacterial types that cause meningitis.)

_____ Measles, Mumps, Rubella (MMR)

_____ Varicella

_____ Tetanus, Diphtheria, Pertussis (Tdap) or Tetanus, Diphtheria (Td)

Reason for Waiver Request: (Initial the reason)

_____ Medical Condition

Medical exemptions to the required immunizations are established by the Centers for Disease Control (CDC) or the Advisory Committee on Immunization Practices (ACIP) <https://www.cdc.gov/vaccines/vpd/should-not-vacc.html>. Students with medical conditions that may prevent immunization or put the student at increased risk for acquiring a communicable illness are encouraged to visit the student health clinic at the Bennett Infirmary to discuss a preventative health plan with a health care provider.

_____ Other

Students that have not submitted proof of immunization and do not plan to meet the immunization requirements should select this option.

_____ Off-Campus Studies

For students that do attend classes on campus or use UNA campus resources (i.e. library, SRC, labs, etc.). By initialing this reason, I affirm that I will not be present on the UNA campus and my personal immunization status does not affect the University.

_____ *Temporary

For students that have not completed the immunization paperwork or immunization requirements at the time of arrival to campus. A temporary waiver will be granted for a period of two weeks (14 Days) following a student's residence hall move-in day or a student's first day of class. By initialing this reason, I am agreeing to visit the University Health Services clinic and provide proof of immunization within two weeks after arrival to campus.

I understand that if I claim exemption from the UNA immunization requirements, I may be excluded from campus, including residence halls, and from classes in the event of an outbreak of a vaccine-preventable illness or until I submit proof of immunization. If I am not 19 years of age, my parent or legal guardian must sign below.

I understand that by not receiving proper immunization I increase my personal risk for contracting vaccine-preventable illness, including meningitis. By signing this form, I release the University of North Alabama (UNA) and all of their agents from any liability should I contract one of these illnesses while I am enrolled at UNA. I also understand that I may revoke this waiver at any time by providing proof of immunization.

Printed Name of Student

Signature of Student

Date

Printed Name and Signature of parent/legal guardian if student is less than 19 years of age

Date

For questions, contact University Health Services www.una.edu/healthservices
Return all forms by mail to
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