



Health Services 125 Route 340 Sparkill, NY 10976
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Student Immunization Record

Part I

Name _____

Last Name

First Name

Address _____

Street

City

State

Zip

Date of Entry ___/___/___ Date of Birth ___/___/___ Social Security Number _____-____-_____

Part II- TO BE COMPLETED AND SIGNED BY STUDENT OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18 MENINGOCOCCAL MENINGITIS Check one (1) box

- Menomune™ (Quadrivalent Polysaccharide Vaccine) Date _____
- Menactra™ (Tetavalent conjugate) Date _____
- I have read, or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____

Part III – To be completed and signed by your health care provider. (A previous Immunization Record may be attached.)

A. M.M.R. (Measles, Mumps, and Rubella) Two doses required.

1. Dose 1 given at 12-15 months or later-----#1 _____
M Y
2. Dose 2 given at age 4-6 years or later and at least one month after first dose
#2 _____
M Y

B. Tuberculosis Screening

1. Does the student have signs or symptoms of active tuberculosis disease? Yes ___ No ___
If No, proceed to 2. If yes, proceed with additional evaluation.
2. Is the student a member of a high- risk group? Yes _____ No _____ (see reverse for guidelines)
If No, Stop. If yes, place tuberculin skin test. A history of BCG vaccination should not preclude testing a member of a high- risk group.
3. Tuberculin Skin Test: Date given ___/___/___ Date Read ___/___/___
M D Y M D Y
Result _____ (Record actual mm of induration, transverse diameter; if no induration, write "0").

Interpretation (based on mm of induration): Positive _____ Negative _____
Chest x- ray (required if tuberculin skin test is positive) result: Normal _____ Abnormal _____
Date of chest x-ray ___/___/___
M D Y

Health Care Provider

Name _____ Address _____

Signature _____ Phone _____

(2)

1. Categories of high- risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA Virgin Islands (USA), Belgium, Denmark, Finland, France. Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxemborg, Malta, Monaco. Netherlands. Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high- risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or who worked in high- risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters: and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by- pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders

2. The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments of at the following website; www.cdc.gov/nchstp/pubs/corecurr/.