

 **ST. THOMAS AQUINAS COLLEGE**  
**Student Immunization Record**

Name \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
Street City State Zip

Term \_\_\_/\_\_\_/\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Student ID # \_\_\_\_\_

**Part I-Waiver below must be SIGNED BY STUDENT/ (PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18) If you are not vaccinated against MENINGOCOCCAL MENINGITIS**

- **Men ACWY (Menactra or Menveo) Dose within the last 5 years.** Date \_\_\_\_\_
- **Men B (Bexsero or Trumemba) Dose 1.** \_\_\_\_\_ **Dose 2.** \_\_\_\_\_ **Dose 3.** \_\_\_\_\_

I have read, or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccines. I have decided that I (my child) **will not obtain immunization against meningococcal meningitis disease.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Part II – 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 D Y
2. Dose 2 given at age 4-6 years or later, and at least one month after first dose  
#2 \_\_\_\_\_  
M D 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**

**OFFICIAL OFFICE STAMP**

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Mail/Fax or Scan Documents To:**  
**St. Thomas Aquinas College Health Services**  
**125 Route 340, Sparkill, N.Y. 10976**  
**Fax: 845-398-4240 emastrov@stac.edu**

(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 I 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](http://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/](http://www.cdc.gov/nchstp/pubs/corecurr/).