

Instructions for Meeting Truman State University Immunization Requirements

Please read carefully. Failure to comply may result in registration delays.

Complete the Tuberculosis Screening below, obtain copies of your immunization records and attach to this form. Mail to Student Health Center, Truman State University, McKinney Building, 100 E. Normal Ave., Kirksville, MO 63501, ATTN: Immunization Clerk. You may, instead, fax records to (660) 785-4011 or e-mail scanned attachments to cdavis@truman.edu. (Please send scanned documents in jpg or PDF format.) Truman's immunization requirements are specified on p. 4.

Name: _____ Student ID#: _____
E-Mail Address: _____

Records sent to other offices are not guaranteed to reach the Health Center. **Students should retain original documents.** Copies of records may be destroyed after entry into the University database. Examples of acceptable documents include:

- Copies of personal immunization records ("baby book")
- Copies of physician office, Health Department or military immunization records
- Copies of high school or previous college immunization records

Tuberculosis (TB) Screening

Check any that apply:

(If any apply, TB Screening with a TB Skin test is required. Documentation of PPD Mantoux skin test (done in the US within the past 12 months), read and documented in millimeters of induration, must be provided with this document. Chest x-rays (from the US) will be required for anyone with a positive skin test. A negative chest x-ray is not a substitute for a skin test.

I certify that I:

- _____ am from or have lived for two months or more in Asia, Africa, Central or South America or Eastern Europe.
- _____ have been diagnosed with a chronic medical condition that may impair my immune system.
- _____ am a health care worker.
- _____ am a volunteer or employee of a nursing home, prison or other residential institution.
- _____ have contact with a person known to have active tuberculosis.

Individuals who have been treated for latent or active TB disease must provide documentation of adequate treatment as specified by the CDC (Centers for Disease Control).

Required Immunizations

1. All students born after Dec. 31, 1956, must comply with Truman's two-dose **Measles Immunization Requirement**.
The requirement can be met any of the following ways:
 - a. 2 doses of MMR vaccine. The first dose must have been given at age 12 months or later. The second dose must have been given at least one month after the first one.
 - b. 1 dose of MMR vaccine and 1 dose of rubeola. The first dose must have been given at 12 months of age or later. The second dose must have been given at least one month after the first dose.
 - c. Titre (blood test) results proving immune status. (Documentation is required.)
2. All students living in University housing (residence halls or apartments) must either:
 - a. show documentation of **meningococcal vaccine**, or
 - b. sign a waiver that indicates they have been provided educational materials but have chosen not to receive the vaccine at this time.
To obtain the waiver for meningococcal vaccine, the pdf may be downloaded and printed from:
http://studenthealth.truman.edu/meningitis_form.asp

Recommended Immunizations

The following immunizations are recommended, but not required, for all University students:

- **Tetanus/Diphtheria** administered within the past 10 years.
- **Hepatitis B series** (3 doses). Even if incomplete, provide dates of any doses received.
- **Influenza vaccine**. Available each fall and advised for all students.
- **Varicella (chicken pox)**. No vaccine is needed if there is a good history of natural infection. If history is questionable, a blood test can be done at the student's expense to determine immune status. If history of chicken pox infection, indicate approximate: Month _____ Year _____
- **Human Papilloma Virus series**. Recommended for females over age 11.

CHECKLIST OF ITEMS TO SEND TO STUDENT HEALTH CENTER:

- | | |
|--------------------------------------------------|-----------------------------------------|
| _____ Completed Medical History Form | _____ Copy Insurance Card, front & back |
| _____ New Patient Information/Insurance Sheet | _____ Immunization Record Copy |
| _____ Meningitis Waiver Form (if no vaccination) | |