

Drake University Immunization/TB Screening Requirements

Please read document carefully. Failure to complete as instructed could result in second semester class registration delays. For questions on completion, please call (515) 271-3731.

- Send completed health form / immunization documents directly to the Student Health Center at the address above.

Obtain copies of your immunization records and attach to this form.

Examples of acceptable documents include:

- **Copies** of personal immunization records (“baby book”)
- **Copies** of physician office or Health Department immunization records
- **Copies** of high school or previous college immunization records

Part I	Measles, Mumps, Rubella (MMR)	Required for all students
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Requirement:

- 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 dose.

Or

- Titer (blood test) results proving immunity to measles (rubeola), mumps and rubella. Documentation is required.

Part II	Tuberculosis(TB) Screening	Required for all students
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A. Check any that apply:

- 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 your immune system.
- A health care worker/volunteer in a nursing home, prison, residential institution or hospital.
- Contact with a person known to have active tuberculosis.
- Have symptoms of active tuberculosis, such as unexplained weight loss or weakness, coughing up blood, night sweats.
- Productive cough for more than 2 weeks.
- None of the above apply.

B. If any of the above do apply, TB Screening is required.

- #### **C. Provide documentation of TB screening (PPD Mantoux skin test read and documented in millimeters of induration) within the past 12 months. Chest x-rays will be required at the students expense for anyone with a positive skin test. Please attach a copy of the chest X-ray report.**

Part III	Meningococcal Vaccine
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- Iowa legislation requires students in university housing to be provided educational materials regarding meningococcal vaccine/disease.
 - Show documentation of meningococcal vaccine.
 - or**
 - Sign a waiver that indicates they have been provided educational materials. But have chosen not to receive the vaccine at this time.

To make an informed decision about receiving the vaccine it is important to read the information provided at the following websites:

- Centers for Disease Control (CDC) www.cdc.gov/nip/publications/VIS/vis-mening.pdf
- American College Health Association (ACHA)

www.acha.org

Please return this form and any necessary documentation to the appropriate campus address as listed below. If you do not have web access you may contact Drake Student Health Center.

Section 1 - For students who have received the vaccine

I have received the meningococcal vaccine. A copy of the required documentation is attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2 - Waivers (complete section 1 or 2)

To be completed by students 18 years of age or older, or parents of minors.

I am 18 years of age or older or the parent of a minor child. Drake University has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. **I do not choose to get the meningococcal vaccine at this time.**

Printed name of student: _____

Signature of student or parent / guardian: _____

Date: _____

Part IV Other Immunizations

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

- **Tetanus/Diphtheria:** Administered within the past 10 years. (If a Tetanus/diphtheria booster is indicated, it is recommended to also include acellular pertussis)
- **Hepatitis B series:** (3 doses). Even if incomplete, provide documentation of dates of any doses received.
- **Influenza vaccine:** Available each fall and advisable for all students but in particular those with diabetes or other chronic illnesses.
- **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 post infection, indicate approximate Month__Year__

If any of these immunizations have been received please send a copy of your record. They may be obtained at the Student Health Center for a fee. Call (515) 271-3731 if you wish to schedule an appointment.

Part V	Parental Consent for Minor
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The above named student has my permission to receive services at the American Republic Student Health Center. I understand that employees of the Central Iowa Health System staff the American Republic Student Health Center in a contractual agreement with Drake University.

Permission for my child to receive services shall remain in effect until my child is 18 years of age. At that time I understand that my child will no longer need my permission to receive services. A parent or guardian can revoke this permission in writing at any time.

Signature of parent / guardian

Date

Emergency Contact Number_____