

IMMUNIZATION DOCUMENTATION

**ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.
IF THIS FORM IS NOT COMPLETE, YOU WILL NOT BE PERMITTED TO REGISTER FOR THE NEXT SEMESTER.
A PHYSICAL EXAMINATION IS **NOT** REQUIRED. ALL INFORMATION MUST BE IN ENGLISH. PLEASE PRINT.**

Student Name _____
Last First Middle

Date of Birth _____ Soc. Sec. or UD ID # _____
Month Day Year

Country of Birth _____ If not USA, indicate when you entered this country _____
M/Y

1. REQUIRED – ALL STUDENTS

The University of Delaware requires evidence of immunity to Measles, Mumps, and Rubella for students entering the University. Students born before January 1, 1957 are exempt from the MMR requirement.

MMR (Measles, Mumps, Rubella) (Two doses required.) Dose 1 given at age 12-15 months or later — Dose 2 given at age 4-6 years or later, and at least one month after first dose.

MMR Dates #1 / / , #2 / / /OR
M D Y M D Y

Measles Dates / / , / / /or Disease Date / /or Antibody Date Titer / / *
M D Y M D Y M D Y

Mumps Dates / / , / / /or Disease Date / /or Antibody Date Titer / / *
M D Y M D Y M D Y

Rubella Dates / / , / / /or Disease Date Not Acceptable /or Antibody Date Titer / / *
M D Y M D Y M D Y

*Enclose copy of lab report

2. REQUIRED – ALL STUDENTS

Decision [signature] required for meningococcal meningitis vaccination or waiver. (see information and letter enclosed)

3. REQUIRED – ONLY STUDENTS FITTING ONE/BOTH OF THE FOLLOWING CATEGORIES

PPD (Mantoux) Tuberculosis Screening Test — within 6 months prior to beginning classes

Category 1

High-risk students include those who have arrived within the past 5 years from countries where TB is endemic.

EXCEPTION — Students arriving from the following countries are not required to be tested:

USA	France	Liechtenstein	Saint Kitts and Nevis
American Samoa	Germany	Luxembourg	Saint Lucia
Australia	Greece	Malta	San Marino
Belgium	Iceland	Monaco	Sweden
Canada	Ireland	Netherlands	Switzerland
Denmark	Italy	New Zealand	United Kingdom
Finland	Jamaica	Norway	Virgin Islands (USA)

Category 2

High risk students:

Those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities of patients with AIDS or homeless **OR**

Students who have the following clinical conditions

Diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone>15mg/d>1month), other immuno-suppressive disorders

PPD (Mantoux) Tuberculosis (TB) Screening Test *No waiver for prior BCG vaccination.*

Result: Neg _____ Pos _____ mm induration _____
(Must record/If no induration- Record 0 mm) / /
M D Y

X-Ray (required if skin test positive) result: Normal _____ Abnormal _____
 / /
M D Y

RECOMMENDED IMMUNIZATIONS - (Must complete Meningitis decision form)

MENINGOCOCCAL MENINGITIS VACCINE

Menactra™ Vaccine Date _____ / _____ / _____
M D Y
 Menomune® Vaccine Date _____ / _____ / _____
M D Y

+TETANUS-DIPHTHERIA-PERTUSSIS

Completed primary series of tetanus-diphtheria-pertussis immunizations. _____ / _____ / _____
M D Y
 Received tetanus-diphtheria booster within last 10 years _____ / _____ / _____
M D Y
 Booster: Tdap (preferred) to replace a single dose of Td for booster immunization with at least five years since last dose of Td. (Administer with MCV4 simultaneously if possible). . . . _____ / _____ / _____
M D Y

+POLIO (POLIOMYELITIS)

Completed primary series of polio immunization _____ / _____ / _____
M D Y
 Last booster _____ / _____ / _____
M D Y

HEPATITIS A Dates #1 _____ / _____ / _____, #2 _____ / _____ / _____
M D Y M D Y

+HEPATITIS B Dates #1 _____ / _____ / _____, #2 _____ / _____ / _____, #3 _____ / _____ / _____
M D Y M D Y M D Y

HEPATITIS B surface antibody Result: Reactive ___ Non Reactive ___ _____ / _____ / _____
M D Y

COMBINED HEPATITIS A and B VACCINE Dates #1 _____ / _____ / _____, #2 _____ / _____ / _____, #3 _____ / _____ / _____
M D Y M D Y M D Y

+VARICELLA (Chicken Pox) #1 _____ / _____ / _____, #2 _____ / _____ / _____ / or History of Disease Yes ___ No ___ or
M D Y M D Y
Antibody Date Titer: _____ / _____ / _____ Result: Reactive ___ Non Reactive ___
M D Y

Health Care Provider

Name _____ Address _____
(Print Clearly)

Signature _____ Phone (_____) _____

+ Note: If you are a student entering the health professions or you are an education major, some of these immunizations or proof of immunity (Antibody Titer) are required for clinical training or student teaching.

EXEMPTIONS

MEDICAL EXEMPTION

_____ should be exempt from some of the
(Print Name of Student)
mandatory immunization requirements noted on the University of Delaware Student Health Service Immunization Record (see reverse side). Administration of the following immunizing agents would be detrimental to this student's health:

Physician's Signature _____ Date _____
Physician's Printed Name _____
Physician's Address _____

RELIGIOUS EXEMPTION

I, _____ wish to be exempt from the mandatory
(Print Name of Student)
immunization requirements noted on the University of Delaware Student Health Service Immunization Record (see reverse side), because of my religious beliefs. I release the University of Delaware and its employees from any responsibility for any impairment of my health resulting from this exemption.

Student's Signature _____ Date _____
Clergy's Signature _____
Clergy's Printed Name _____



STUDENT HEALTH SERVICE

Laurel Hall
University of Delaware
Newark, Delaware 19716-8101
Ph: 302/831-2226
Fax: 302/831-6407
www.udel.edu/shs

Spring 2006

Dear Student, Parent or Guardian:

On 6 June 2001, the Governor signed legislation in Delaware requiring the University to provide information to admitted students about Meningococcal Meningitis and notice of the availability and benefits of vaccination. Included in that legislation is the requirement to record your (student's) decision or in the case of a minor, a parent/guardian's decision to be vaccinated or an informed decision not to be vaccinated.

Enclosed with this letter is an information sheet describing Meningococcal Meningitis and the benefits of vaccination. More information is available from the Centers for Disease Control at www.cdc.gov/ncidod/dbmd/diseaseinfo. Information is also available at the American College Health Association website at www.acha.org or the University of Delaware Student Health Service at www.udel.edu/shs.

Please acknowledge by your signature, receipt of this information and your decision. Return the form along with your personal medical history and immunization record forms in the enclosed neon green envelope. Please note that the University has mandated prematriculation requirements for Measles Mumps & Rubella immunization/immunity. Tuberculosis screening (PPD) is also required for high risk individuals.

Your registration for classes for the next semester will be withheld until you return the signed meningococcal meningitis information/signature sheet and your completed personal medical history and immunization documentation forms.

Sincerely,

A handwritten signature in black ink, appearing to read "E.F. Joseph Siebold, D.O." with a stylized flourish at the end.

E.F. Joseph Siebold, D.O., F.A.A.P.
Director

Rev. 4/06

- MUST COMPLETE AND RETURN THIS FORM -

University of Delaware – Student Health Service – Laurel Hall – Newark, DE 19716-8101
Phone: 302-831-2226 – FAX: 302-831-6407

REQUIRED DECISION – VACCINATION OR WAIVER

If this form is not complete, you will not be permitted to register for next semester.

I have read the accompanying letter and information on meningococcal meningitis and I am aware of the availability of a safe and effective vaccine and the benefits of vaccination. Please respond to one of the following with a check and sign this form.

I have already received the Menactra™ vaccine _____.
on M/D/Y

OR

I have already received the Menomune® vaccine _____.
on M/D/Y

I have decided to receive the vaccine and will contact my healthcare provider or plan to be vaccinated at the Student Health Service either during the New Student Orientation or on arrival at the University.

I have decided not to be vaccinated with the meningococcal meningitis vaccine.

Signature Student _____ Date _____.
(Required)

Print Name _____ UD ID# _____.

If you are not 18 years of age, your parent/guardian must sign this form.

Signature Parent/Guardian _____ Date _____.

Print Name Parent/Guardian _____.

University of Delaware-Student Health Service-Laurel Hall – Newark, DE 19716-8101
Phone: 302-831-2226 – FAX: 302-831-6407

Information about Meningococcal Disease and the Vaccines to Prevent it

The Disease

Meningococcal disease is a serious illness caused by a bacteria. Meningococcal bacteria live in the lining of the nose and throat and can be spread from one person to another by close personal contact. Occasionally, the bacteria enter the bloodstream and cause severe disease. Symptoms of bloodstream infection include fever, chills, rash, low blood pressure and dark purple spots on the arms and legs. Meningitis is an infection of the lining of the brain and spinal cord. Symptoms of meningitis include fever, headache, confusion and stiff neck. Five different types of meningococcal bacteria cause virtually all meningococcal disease: A, B, C, Y and W-135. Every year in the United States approximately 2,600 people are infected with meningococcus and approximately 10% of these people die from the disease. Of those who live, another 11 – 19% have permanent disabilities such as loss of limbs, kidney disease, hearing loss, or they may suffer seizures or strokes. Meningococcal disease can progress very rapidly and can kill an otherwise healthy young person in 48 hours or less.

The Vaccines

The Menomune® meningitis vaccine first became available in the United States in 1982. It is effective against four of the five different types of meningococcus (A, C, Y and W-135), and if indications still exist a booster dose may be considered within 3 to 5 years. In February 2005, the Center for Disease Control (CDC) recommended a new vaccine for use in the United States to prevent meningococcal disease. The new conjugate meningitis vaccine, called Menactra™, which protects against the same four types of meningococcal bacteria as the Menomune® vaccine, should provide longer protection and may not require booster doses. Neither of these two vaccines provides 100% protection nor do they protect against meningococcus type B meningococcal bacteria.

Additional Considerations For College Students

All college freshmen, especially students living in dormitories, should consider receiving the meningococcal vaccine. College freshmen living in dormitories are five times more likely to get meningococcal disease than people of the same age who do not attend college. College students who are at higher risk for meningococcal disease because of underlying immune deficiencies or who are traveling to countries where outbreaks or epidemics of meningococcal meningitis often occur, such as the sub-Saharan belt in Africa, should be vaccinated. Individuals who are routinely exposed to meningococcal bacteria in a laboratory setting should also consider getting the vaccine.

Sources: ACIP (Advisory Committee on Immunization Practices) of the CDC (Center for Disease Control); *Vaccines: What You Should Know*, Paul A. Offit, M.D., and Louis M. Bell, M.D.