



Residential Living Immunization Record Form

This form must be submitted by all students who choose to live on campus.

REQUIRED IMMUNIZATIONS for all residential students and is to be completed by a healthcare provider

Student Name: _____
Last First Middle

Gender : _____ Birthday: _____ Student ID : _____
Month/Day/Year

MMR (Measles, Mumps, Rubella): Two doses are required for persons born after January 1, 1957

Dose 1 given at age 12 months or later

1 dose date: ___/___/___

Dose 2 given at least 28 days after first dose

2 dose date: ___/___/___

TETANUS-DIPHTHERIA: Tdap booster recommended for ages 11-64 unless contraindicated, **must be within last 10 years:**

Date of most recent booster dose: ___/___/___

Type of most recent booster: Td _____ Tdap _____

VARICELLA (chicken pox): Two doses of vaccine or history of disease

Date of 1st dose: ___/___/___

Date of 2nd dose: ___/___/___

or history of disease - Year: _____

MENINGOCOCCAL (MCV4 is required): Please Note, this must be **within last 5 years**

Date of Vaccine: ___/___/___

Date of Booster shot: ___/___/___

TB SCREENING: (choose **one method of testing)** Please note, test results must be **within last 3 months**

1. **Tuberculin Skin Test (TST):** (TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration, writes "0".

Date Given: ___/___/___ Date Read: ___/___/___ (must be within 48-72 hours)
mm dd yyyy mm dd yyyy

Result: _____ mm Interpretation: POSITIVE _____ NEGATIVE _____ (based on mm of induration as well as risk factors)

2. *****Interferon Gamma Release Assay (IGRA)** Date given ___/___/___ (specify method by circling one) QFT-G / QFT-GIT / T-Spot / _____
(OTHER)

3. *****Chest x-ray: (Required if TST or IGRA is positive)** Date of chest x-ray: ___/___/___ Result: Normal _____ Abnormal _____
***Please attach diagnostic test results if using options 2 or 3 for TB Screening

Signature of Healthcare Provider: _____ Date: _____

Printed Name and title of Health Care Provider: _____

Address: _____

Phone: _____ Fax: _____

Upon completion, this form needs to be scanned and emailed to studentservices@piedmont.edu