

# TUBERCULOSIS SCREENING & IMMUNIZATION FORM

ALL NEWLY ADMITTED INTERNATIONAL AND ESL STUDENTS MUST PROVIDE PROOF OF ADEQUATE IMMUNIZATION AGAINST CERTAIN DISEASES



**THESE TESTS WILL ALSO BE AVAILABLE ON CAMPUS DURING ORIENTATION. THE COST FOR MMR IS \$50.00 PER INJECTION AND TB TEST IS \$5.00**

ALL IMMUNIZATION RECORDS SHOULD BE SUBMITTED IN ENGLISH.

*The Tuberculosis screening must be an FDA approved test.*

*The University of South Alabama (USA) requires that all enrolling International and ESL students MUST PROVIDE acceptable proof of tuberculosis screening. The screening result date must be within the past six (6) months.*

	<b>Date</b>	<b>Result in mm</b>	<b>Positive</b>	<b>Negative</b>
TB Skin Test (TST/PPD):	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Result:</i>			Normal	Abnormal
If TST Positive, Chest X-ray:	___/___/___		<input type="checkbox"/>	<input type="checkbox"/>

Physician or Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

License # or Office Stamp \_\_\_\_\_

**IMMUNIZATIONS:** *The University of South Alabama requires that all International & ESL students born after 1956 must have had 2 doses of a measles containing vaccine (rubeola, M.R., MMR) prior to registration. One dose must have been after 1980 and at least one of the doses must have been an MMR.*

	First Immunization				Second Immunization			
	Vaccine/Type	Month	Date	Year	Vaccine/Type	Month	Date	Year
Measles (Rubeola)								
German Measles (Rubella)								
Mumps								

**Or in lieu of above:** Positive titer date (Rubeola) \_\_\_/\_\_\_/\_\_\_

Positive titer date (Rubella) \_\_\_/\_\_\_/\_\_\_

\*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL) \*\*\*\* (OPTIONAL)

Please specify dates

\*Tetanus \_\_\_/\_\_\_/\_\_\_ Menomune \_\_\_/\_\_\_/\_\_\_ Varicella \_\_\_/\_\_\_/\_\_\_

*\*A tetanus booster or basic series within the past 6 years is recommended.*

Hepatitis B (3 shots) \_\_\_/\_\_\_/\_\_\_ 1st    \_\_\_/\_\_\_/\_\_\_ 2nd    \_\_\_/\_\_\_/\_\_\_ 3rd

Physician or Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

License # or Office Stamp \_\_\_\_\_

Please have your health care provider complete and sign or attach documents verifying that you have completed required screening and immunizations. Please send to the Student Health Center at 307 University Blvd. N HSB SUITE 1200 Mobile, AL 36688 or bring it with you to your orientation session. FAX#: (251) 414-8227 or Email us at [www.usouthal.edu/studenthealth](http://www.usouthal.edu/studenthealth)

Name: \_\_\_\_\_ Student # : \_\_\_\_\_ DOB: \_\_\_\_\_