



PROOF OF IMMUNIZATION COMPLIANCE

University of South Alabama

Name: _____ Semester of Enrollment: Fall ___ Spring ___ Summer ___ 20___
Please Print (Last) (First) (M.I.)

Address: _____ Email: _____
(Street/P.O. Box) (City) (State) (Zip Code)

Date of Birth: _____ Jag ID: J _____ Telephone: (____) _____

VACCINATION RECORDS AND TB RESULTS MUST BE COMPLETED AND SIGNED BY A MEDICAL PROVIDER.

REQUIRED VACCINATIONS		*Meningitis only required for Residential and International Students
MMR Two doses at least 28 days apart, first dose after first birthday MMR #1 (Date) _____ MMR #2 (Date) _____ OR COPY OF SEROLOGIC TEST (TITERS) (Provide copy of results with form.)		Meningitis (Quadrivalent Vaccine ACYW-135)* One dose required at 16 years of age or older. Must be within 5 years Date: _____ Type: (Circle type.) Menactra Menveo
TUBERCULOSIS (TB) QUESTIONNAIRE (Please see the questions below.)		
1. Have you traveled to or lived in Africa, Asia (excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Middle East, Portugal, or the South Pacific (excluding Australia and New Zealand) for more than 4 weeks? If so, where? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone, chemotherapy, or biologics?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to all of the above questions is NO, no further action is required. If the answer is YES to any of the questions above, you must obtain TB testing. (See steps below.)		
Step 1: Tuberculin Skin Test: (Must be done within 1 year of completing this form) Positive if ≥ 10 mm for questions 1 or 2 or ≥ 5 mm for questions 3 or 4 Date applied: ____/____/____ Date read: ____/____/____ Injection Site: _____ Result: ____ mm of induration Interpretation: Negative ____ Positive ____		
Step 2: IGRA (QFT or TSPOT) is required if PPD positive. (Provide copy of results with form.)		
Step 3: If IGRA is positive a chest X-ray is required. (Provide a copy of the X-ray report with form; it cannot be done in place of TB test.)		
Step 4: It is recommended that students with a positive IGRA with no signs of active disease on chest X-ray be treated for latent TB Name of treatment medications: _____ Date initiated and duration of treatment: _____ (Please provide a copy of completion of treatment.) _____ Student has been treated or agrees to receive treatment. _____ Student declines treatment at this time and agrees to come in to the Student Health Center to sign the Refusal of Treatment for Latent TB form. Student also agrees to routine checkups to monitor progression of latent TB.		
Provider Signature: _____		Date: ____/____/____
Address: _____		Phone: (____) _____

**** REMEMBER! You will not be able to register for classes until all immunization records are in compliance.**

Please upload the completed form to the Patient Web Portal, which can be accessed on the Student Health Center homepage, <https://www.southalabama.edu/departments/studenthealth/>. Students can log-on to the portal using their Jag number and Jagnet password. Compliance can also be confirmed through the portal after the form has been reviewed and the information verified.

The completed form can also be submitted in person, by mail, by fax or by email to:

USA Student Health Center
5870 USA South Drive
Mobile, AL 36688

Email: immunizations@southalabama.edu
Tel: (251) 460-7151

Fax: (251) 414-8227

Web: <https://www.southalabama.edu/departments/studenthealth/>