



Thomas University
Required Certificate of Immunization

(Return to your institution by email at immunization@thomasu.edu)

Please complete page 1-3 with a healthcare provider. Page 4 can be completed by the student.

Retain a copy of the completed form for your records.

STUDENT INFORMATION

Student ID: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Term/Year of Application: _____ Age at time of Application: _____ Date of Birth: ____/____/____

REQUIRED IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR ¹	/ /	/ /			
Measles ¹	/ /	/ /			/ /
Mumps ¹	/ /	/ /			/ /
Rubella ¹	/ /	/ /			/ /
Varicella ³	/ /	/ /		(or history of Varicella) / /	/ /
Tetanus-Diphtheria Pertussis (Whooping Cough) ⁴	/ / Tdap	/ / Td Booster ⁴			
Hepatitis B ²	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /

1 - Not required if born before 1957 **2** - Only required of students who are 18 years of age or younger at time of expected matriculation

3 - Required for all US born students in 1980 or later; all foreign born students regardless of year born **4** - Td booster only necessary if > 10 years since Tdap dose

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

☐ This student is exempt from the above immunizations on the ground of permanent medical contraindication.

☐ This student is temporarily exempt from the above immunization until ____/____/____.

EXEMPTIONS

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons:

☐ I affirm that Immunization as required by Thomas University is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

Student Signature: _____ Date: ____/____/____

☐ I declare that I will be enrolling in ONLY courses offered by distance learning. I understand that if I register for a course that is offered on-campus or at a campus-managed facility this exemption becomes void and I will be excluded from class until I provide proof of immunization.

Student Signature: _____ Date: ____/____/____



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City: _____ State: _____ Country: _____ Zip Code: _____

Term/Year of Application: _____ Age at time of Application: _____ Date of Birth: ____/____/____

RECOMMENDED IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Human Papillomavirus ⁵	/ /	/ /	/ /		
Hepatitis A ⁹	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal ACWY ^{6,7}	/ /	/ / MCV4 Booster ⁷			
Meningococcal B ⁸	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	
Annual Influenza ⁹	/ /	/ /			

5 - Strongly recommended for all unvaccinated males and females through age 26 years 6 - Strongly recommended if residing in campus housing

7 - MCV4 Booster necessary if initial MCV4 was received more than 5 years prior to admittance 8 - Consider if younger than 23 years of age

9 - Recommended but not required

CERTIFICATION OF HEALTHCARE PROVIDER *(This information is required)*

Name: _____ Signature: _____

Address: _____

Date of Issue: ____/____/____ Telephone: _____

Student Signature: _____ Date: ____/____/____



Thomas University Tuberculosis Risk Assessment

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Student ID: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

TUBERCULOSIS RISK ASSESSMENT – To be completed by a healthcare professional

Tuberculosis (TB) Screening Questions:

- ☐ Yes ☐ No Have you ever had a positive TB skin test?
- ☐ Yes ☐ No Have you ever had close contact with anyone who was sick with TB?
- ☐ Yes ☐ No Were you born in one of the countries listed below* and arrived in the US within the past 5 years? If yes, Please circle the country.
- ☐ Yes ☐ No Have you ever been vaccinated with BCG (bacilli Calmette-Guérin) vaccine?

If the answer is YES to any of the above screening questions, you must complete a TB Risk Assessment with a healthcare provider and provide the signed documentation to Thomas University.

If the answer is NO to all the above questions, no further action is required.

Student Signature: _____ Date: _____/_____/_____

* List of countries:

Afghanistan	DR - Congo	Kazakhstan	Nepal	South Africa
Algeria	Cote d'Ivoire	Kenya	New Caledonia	Spain
Angola	Croatia	Kiribati	Nicaragua	Sri Lanka
Anguilla	Djibouti	DPR - Korea	Niger	Sudan
Argentina	Dominican Republic	Republic of Korea	Nigeria	Suriname
Armenia	Ecuador	Kuwait	Niue	Swaziland
Azerbaijan	Egypt	Kyrgyzstan	N. Mariana Islands	Syrian Arab Republic
Bahamas	El Salvador	Lao PDR	Pakistan	Tajikistan
Bahrain	Equatorial Guinea	Latvia	Palau	Tanzania UR
Bangladesh	Eritrea	Lesotho	Panama	Thailand
Belarus	Estonia	Liberia	Papua New Guinea	Timor-Leste
Belize	Ethiopia	Lithuania	Paraguay	Togo
Benin	Fiji	TFYR of Macedonia	Peru	Tokelau
Bhutan	French Polynesia	Madagascar	Philippines	Tonga
Bolivia	Gabon	Malawi	Poland	Tunisia
Bosnia & Herzegovina	Gambia	Malaysia	Portugal	Turkey
Botswana	Georgia	Maldives	Qatar	Turkmenistan
Brazil	Ghana	Mali	Romania	Tuvalu
Brunei Darussalam	Guam	Mauritania	Russian Federation	Uganda
Bulgaria	Guatemala	Mauritius	Rwanda	Ukraine
Burkina Faso	Guinea	Mexico	St. Vincent & The Grenadines	Uruguay
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Uzbekistan
Cambodia	Guyana	Moldova-Rep	Saudi Arabia	Vanuatu
Cameroon	Haiti	Mongolia	Senegal	Venezuela
Cape Verde	Honduras	Montenegro	Seychelles	Viet Nam
Central African Republic	India	Morocco	Sierra Leone	Wallis & Futuna Islands
Chad	Indonesia	Mozambique	Singapore	W. Bank & Gaza Strip
China	IR - Iran	Myanmar	Solomon Islands	Yemen
Colombia	Iraq	Namibia	Somalia	Zambia
Comoros	Japan	Nauru		Zimbabwe
Congo				

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population.



Thomas University Meningitis Response Form

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MENINGITIS STATEMENT

Georgia state law requires all students residing in University housing to receive information about meningococcal disease. Evidence suggests college students are at an increased risk of contracting meningococcal disease if they live in residence halls. All students residing in campus housing are required to either provide proof they have received the meningitis vaccine within five years of enrollment or provide a signed waiver acknowledging the risk to themselves and others of not receiving the meningitis immunization.

MENINGOCOCCAL DISEASE FACTS

Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).

College freshman, particular those living in dorms, have a modestly increased risk of getting the disease compared with other persons of the same age. Up to 100 cases occur among the 15 million college students in the US each year, with 5 -15 deaths. However, the overall risk of disease, even among college students, is low.

Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable.

Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contacting or breathing in the same air space is not considered sufficient for transmission.

Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures. Invasive meningococcal disease, or blood infection with the organism, causes fever and rash.

The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.

A meningococcal polysaccharide vaccine is available for those who wish to pay for it. Vaccine protects against 4 of the 5 most common types of meningococcal bacteria and protection typically lasts 3 – 5 years.

Vaccination may decrease the risk of meningococcal disease; however, it does not eliminate the risk because the vaccine does not protect against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine-preventable.

Vaccine may be available at travel clinics, health department, or through private providers. You can find more on meningococcal disease at <https://www.cdc.gov/meningococcal/>.

MENINGITIS RESPONSE

I, _____, have read the above information and understand it is my responsibility as a Thomas University student living in University housing, to provide proof of meningitis vaccination prior to housing check-in, or to allow this waiver to stand as my acknowledgement of the risk of not receiving the vaccine. I fall into the following category:

- ☐ I have received the meningitis vaccine and will provide proof to Thomas University.
- ☐ I have been educated on the risks to myself and others of not receiving a meningitis vaccine and elect to reside in University housing without receiving the meningitis vaccine.

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____/_____/_____