

# Immunization Record for Nutrition Texas Woman's University – Houston Campus

**Complete and mail or fax to:**

Immunization Program Fax: (940) 898-3849  
 P.O. Box 425467 Phone: (940) 898-3825  
 Denton, TX 76204-5467 (888) 898-8825

**IMPORTANT: COMPLETION OF THIS PAGE IS NECESSARY TO COMPLY WITH TEXAS ADMINISTRATIVE CODE TITLE 25, P1, CH97, SUBCH B, RULE §97.61 AND THE POLICY OF TEXAS WOMAN'S UNIVERSITY.**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Alt. Phone #: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Address City/State Zip

Sex (Male/Female): \_\_\_\_\_

**PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS**

MMR (Measles, Mumps, Rubella) <b>TWO injections since age one.</b> ALL STUDENTS MUST PROVIDE PROOF OF RUBELLA  DOSE #1 Date _____  DOSE #2 Date _____	ALL STUDENTS BORN ON OR AFTER JANUARY 1, 1957 MUST PROVIDE PROOF OF IMMUNITY TO MEASLES AND MUMPS.  <b>ACCEPTABLE PROOF IS CONSIDERED TO BE:</b> 1. RECORD OF IMMUNIZATION SIGNED BY A MEDICAL PROVIDER 2. DOCUMENTATION OF MEASLES, MUMPS AND/OR RUBELLA BY PHYSICIAN OR HEALTHCARE PROVIDER
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**MEASLES, MUMPS AND RUBELLA CAN ALSO BE PROVEN BY PROTECTIVE TITER – LAB REPORT MUST BE ATTACHED FOR COMPLIANCE**

Tetanus/Diphtheria **Booster within 10 years** OR Tetanus/Diphtheria/ Pertusis Date \_\_\_\_\_

TB Screening - **within past one year**  
*Please read the information on the backside of this form carefully to ensure that you submit the appropriate test results for TB screening.*

**Blood Test (QuantiFERON or T-Spot) LAB REPORT MUST BE ATTACHED FOR COMPLIANCE.**  
 Date \_\_\_\_\_ Results (circle one) negative / indeterminate\* or borderline\* / positive\*  
**\*All positive, indeterminate, and borderline blood test results require submission of a completed Statement of Tuberculosis Clearance form and copy of Chest X-ray report (see back side of form.)**

**Mantoux Skin Test**  
 Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_ mm of induration; (circle one) Neg / Pos\*\*  
**\*\*A positive skin test in an individual who has not taken antibiotics for it requires a blood test for TB.**  
**Individuals who have taken antibiotics for a month or more as a result of a positive skin test require submission of a completed Statement of Tuberculosis Clearance form and copy of Chest X-ray report (see back side of form.)**

Hepatitis B Vaccine (series of 3)  Date #1 _____ Date #2 _____ Date #3 _____ OR Date of Titer _____ POS / NEG <b>(LAB REPORT MUST BE INCLUDED FOR COMPLIANCE)</b>	Varicella Vaccine (must be at least 30 days apart) Date #1 _____ Date #2 _____ OR Varicella Titer Date _____ <b>(Lab report must be included for compliance)</b> <b>OR Varicella disease declaration (year must be included):</b> I verify that I had varicella disease (chickenpox) on or about (date) _____ _____ and do not need varicella vaccine. <b>Student Initials:</b> _____
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**THIS FORM MUST BE SIGNED BY A HEALTHCARE PROVIDER OR COPIES ATTACHED MUST BE SIGNED BY A HEALTH PROVIDER**

\_\_\_\_\_  
 Physician Name, Address, Phone Number (office stamp) Physician or Authorized Signature Date  
 Or Transcript from High School Record

**Student must sign for record to be complete:**  
 I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct.  
 I also give my consent for the release of my immunization records to faculty/staff at Texas Woman's University. I further consent to the release of my immunization records to any clinical facility that I request they be sent to for clinical rotations or employment.

\_\_\_\_\_  
 Student Signature Date Signed

In accordance with Leg. House Bill 1922, an individual is entitled to request to be informed about the information collected about them; receive and review their information; and correct any incorrect information. Disclosure of your social security number is required in order to set up your immunization status at Texas Woman's University. Your social security number will be used as a unique number to identify you. Any further disclosure of your social security number will be governed by the Public Information Act (Chp 552 of the Texas Government Code).

## **Testing for Tuberculosis<sup>1</sup>**

**All testing must take place in the United States at a licensed medical facility.**

**You are required to obtain a blood test (includes QuantiFERON and T-Spot) for TB screening if:**

*\*You have had a positive TB skin test in the past and have not taken antibiotics for it or you took antibiotics for less than a month*

*\*You were born or lived in a country with a high incidence of TB (includes Mexico and most countries in Central America, South America, Eastern Europe, Asia, and Africa)*

*\*You have had BCG (Bacille Calmette-Guerin) immunization*

*\*You have / had cancer, leukemia, diabetes, kidney disease, HIV / AIDS*

*\*You take an immunosuppressive medication such as prednisone*

*\*You have a history of drug or alcohol abuse*

*\*You have been told you have / had an atypical mycobacteria infection*

*\*You are an international student*

*\*You are an HB 1403 student*

**You may obtain a TB Skin Test (the only acceptable skin test for TB is the Mantoux test) if:**

*\*you do not meet any of the criteria listed for a blood test for TB (please review carefully)*

*\*you were born or lived in a country with a low incidence of TB (includes the United States, Canada, Europe, and Australia) and you have never had a positive TB skin test*

**You are required to obtain a Chest X-Ray and to complete a Statement of Tuberculosis Clearance<sup>2</sup> if:**

*\*you have a history of a positive TB skin test and took antibiotics for one month or more*

*\*you have a positive or indeterminate / borderline TB blood test*

### **NOTES on Chest X-Rays (CXR)**

*\*A new TWU student must submit a current CXR report that is within 365 days +/- 5 days from the first day of class*

*\*Returning TWU students needing yearly TB screening who have already submitted a CXR report will need to submit a completed Statement of Tuberculosis Clearance yearly; a yearly CXR is not required if the student is otherwise well*

<sup>1</sup>Please see **TWU Board of Regents Policy 6.01 Student Tuberculosis Screening and Case Management** <http://www.twu.edu/regents/p-student-tuberculosis-screening-and-case-management.asp> for the complete TB policy.

<sup>2</sup>Please complete the appropriate form: New International and HB 1403 students should use [Statement of Tuberculosis Clearance: International Students \(New and Transfer\) and New HB 1403 Students](#) and all others should use [Statement of Tuberculosis Clearance](#).