By completing this form, you provide information to help keep you safe and healthy while attending The University of St. Thomas.

This form, along with your immunization records, IS REQUIRED to be on file prior to registering for classes. If the appropriate records are not on file a student will be unable to register and attend classes at UST.

All information contained in this form is accessible only to the professional staff of the Health Promotion & Wellness Office and will not be released without written authorization of the student. All health records are filed at the Office of Health Promotion & Wellness and are kept strictly confidential in accordance with HIPAA guidelines.

# Mail completed form and immunization records to the address below.

The University of St. Thomas Health Promotion & Wellness 3800 Montrose Boulevard Box #80 Houston, TX 77006-4626

Forms may be faxed to 713-525-3514 or scanned and emailed to immunizations@stthom.edu

Please contact the Office of Health Promotion & Wellness if you have questions about this form.

> 713-525-3513 www.stthom.edu



### University of St. Thomas Immunization Form

All students must complete this form with the appropriate immunization records and submit to the Health Promotion & Wellness Office.

#### REQUIRED IMMUNIZATION for ALL new incoming students age 21 and under

<u>Texas law (Senate Bill 62) requires that ALL INCOMING STUDENTS under the age of 22</u>, including transfer and graduate students, submit evidence that they have been vaccinated against Meningococcal Meningitis.

- The bacterial meningitis vaccination must have been received after the student's 16th birthday and within the last 5 years prior to enrollment.
- This information does not apply to students 22 years of age or older and students enrolled only in

<u>All students who will be living on campus</u> are required to submit records of the following in *addition to the Bacterial Meningitis vaccine*:

1. Tetanus-Diptheria-Pertussis (Td or Tdap):

- Primary series plus booster required
- Must be within last **TEN** years
- 2. M.M.R. (Measles, Mumps, Rubella)
- Two doses required

#### 3. Tuberculosis

- Required if never received PPD skin test, PPD skin test result was positive, or international student. If PPD skin test was positive or you are an international student, then you must have been tested **within the last 12 months.**
- 4. Varicella (Chicken Pox) is HIGHLY recommended

#### Evidence of vaccination must be submitted in one of the following three formats:

- University of St. Thomas Immunization form bearing the signature or stamp of the physician or his/her designee, or public health personnel (must include the month, day, and year the vaccination was administered).
- An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered).
- An official record received from school officials, including a record from another state (must include the month, day, and year the vaccination was administered).

#### **Evidence of Declining Vaccination**

Your right to claim an exemption from the vaccinations must be submitted on the appropriate form(s) found on the UST web page www.stthom.edu.

NOTE: The "conscientious exemption" form can only be requested through the Texas Department of State Health Services and is only valid for TWO years. Another form will have to be submitted after that one expires.

#### STUDENT CONTACT INFORMATION

Last name	First name	Student ID#	
Phone number	Email address:		
Date of birth///	I will be living (circle one):	ON CAMPUS	OFF CAMPUS
Emergency Contact	Relationship		

## **UST Immunization Form**

Student Name: First	Last	MI
Student ID #:	Date of Birth://	Date of UST Entry:/
		orm OR you may submit a copy of your officia
	Please complete and mail University of St. Thomas Office of Health Promotion and 3800 Montrose Boulevard, Bo Houston, TX 77006.	s Wellness
REQUIRED IMMU	NIZATION FOR ALL NEW S	STUDENTS under age 22 attending
	s of October 1, 2013 This inform rolder and students enrolled only in o	ation does not apply to students 22 years of online or other distance courses.
MENINGOGOGGA	MENINGUEIG	Month/Day/Year
MENINGOCOCCAL  Must have had the menin  After 16th birthday & v	gitis immunization (MPSV4 or MCV4)	/
M.M.R. (Measles, Mumps, A. Dose 1 given at age on or after	Rubella) (Two doses required)  1st birthday, AND on or after January 1, 1957	Month/Day/Year/
A. Dose 1 given at age on or after		
OR C. MMR surface antibody	Result: Reactive Non-reactive	
TETANUS-DIPHTHERIA	(Td booster in the last <b>TEN</b> years meets requirem	nent)
Tetanus-Diphtheria (Td) or tdap bo	poster within the last <b>ten years</b> .	
TUBERCULOSIS (If never re	ceived PPD skin test, PPD skin test came back po	ositive, or International student)
	12 months (tine or monovac not acceptable) mm induration (horizontal diameter)	//
2. If PPD is positive, chest X-ray i	required: X-ray result: Normal Abnorma	1
3. If PPD is positive have you had	INH prophylaxis? NoYes Date comp	leted
VARICELLA (Chicken Pox		
	) Vaccine is HIGHLY recommended for housing.	/
nature of Health Care Provider:	) Vaccine is HIGHLY recommended for housing.	
		Date: