University of St. Thomas Immunization Form

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

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

Texas law (Senate Bill 62) requires that ALL INCOMING STUDENTS under the age of 22, 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 online or other distance learning courses.*

All students who will be living on campus 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: ___/___/___

You must have a health care provider complete and sign this form OR you may submit a copy of your official immunization records.

Please complete and mail to:
University of St. Thomas
Office of Health Promotion and Wellness
3800 Montrose Boulevard, Box #80
Houston, TX 77006.

REQUIRED IMMUNIZATION FOR ALL NEW STUDENTS under age 22 attending classes on campus as of October 1, 2013

This information does not apply to students 22 years of age or older and students enrolled only in online or other distance courses.

Month/Day/Year

MENINGOCOCCAL MENINGITIS
Must have had the meningitis immunization (MPSV4 or MCV4) ___/___/___
After 16th birthday & within the last 5 years

REQUIRED IMMUNIZATIONS FOR RESIDENTIAL STUDENTS ONLY

Note: *If you are living on campus there is a 10 day waiting period from the time the meningitis vaccination is received to be allowed to move into the residence halls.*

M.M.R. (Measles, Mumps, Rubella) (Two doses required) **Month/Day/Year**

A. Dose 1 given at age on or after 1st birthday, AND on or after January 1, 1957 ____/____/_____

B. Dose 2 given 15 months after birth or later, and at least 28 days after first dose ____/____/_____

OR

C. MMR surface antibody Result: Reactive _____ Non-reactive- _____

TETANUS-DIPHTHERIA (Td booster in the last **TEN** years meets requirement)

Tetanus-Diphtheria (Td) or tdap booster within the last **ten years**. ____/____/_____

TUBERCULOSIS (***If never received PPD skin test, PPD skin test came back positive, or International student***)

1. PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)
   Result: Neg ___ Pos ___ mm induration (horizontal diameter) _____ ____/_____/_____
2. If PPD is positive, chest X-ray required: X-ray result: Normal ____ Abnormal ____ _____/_____/_____
3. If PPD is positive have you had INH prophylaxis? No ____Yes ____ Date completed_____

VARICELLA (Chicken Pox) Vaccine is HIGHLY recommended for housing. _____/_____/_____

Signature of Health Care Provider: _____Date:_____

Printed Name of Health Care Provider: _____