



# 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
<b>MMR</b> Two doses at least 28 days apart, first dose after first birthday  <b>MMR #1</b> (Date) _____  <b>MMR #2</b> (Date) _____  <b>OR COPY OF SEROLOGIC TEST (TITERS)</b> (Provide copy of results with form.)		<b>Meningitis</b> (Quadrivalent Vaccine ACYW-135)*  <b>One dose required at 16 years of age or older. Must be within 5 years</b>  <b>Date:</b> _____  <b>Type:</b> (Circle type.) <b>Menactra Menveo</b>
<b>TUBERCULOSIS (TB) QUESTIONNAIRE (Please see the questions below.)</b>		
<b>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?</b> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone, chemotherapy, or biologics?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease?</b>		<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.)		
<b>Step 1: Tuberculin Skin Test: (Must be done within 1 year of completing this form)</b> Positive if $\geq 10$ mm for questions 1 or 2 or $\geq 5$ mm for questions 3 or 4 Date applied: ____/____/____ Date read: ____/____/____ Injection Site: _____ Result: ____ mm of induration Interpretation: Negative ____ Positive ____		
<b>Step 2: IGRA (QFT or TSPOT) is required if PPD positive. (Provide copy of results with form.)</b>		
<b>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.)</b>		
<b>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</b> <b>Name of treatment medications:</b> _____ <b>Date initiated and duration of treatment:</b> _____ (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.		
<b>Provider Signature:</b> _____		<b>Date:</b> ____/____/____
<b>Address:</b> _____		<b>Phone:</b> (____) _____

**\*\* 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](mailto:immunizations@southalabama.edu)  
Tel: (251) 460-7151

Fax: (251) 414-8227

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