

**CENTRAL MICHIGAN UNIVERSITY  
PRE-MATRICULATION IMMUNIZATION RECORD**

Listed below are the pre-matriculation immunization recommendations for entering CMU students. **Please have your health care provider review your immunization record with you and complete and sign this form after updating any needed immunizations.** All information must be in English. It should be returned to Central Michigan University Health Services, Medical Records, 200 Foust, Mount Pleasant, MI 48859 prior to the start of classes *If you have questions regarding the immunization recommendations, please call our UHS Immunization Clinic at (989)774-6591.*

<b>Part I: To be completed by the student</b>		
Last Name, First, Middle (Please print.):	University ID (if known) Last 4 digits of Social Security if UID unknown	
Home Street Address:	Age:	Date of Birth:
Home City, State, Zip:	Home Telephone:	
<b>Part II: To be completed and signed by health care provider (physician, NP, PA, RN)</b>		
<b>A. M.M.R. (Measles, Mumps, Rubella)</b> (Two doses of MMR at least 28 days apart after 12 months of age)		
1. Dose # 1: _____	2. Dose # 2: _____	
<b>B. Tetanus-Diphtheria-Pertussis</b> (Primary series with DtaP or DTP and booster within the last ten years meets the recommendation. )		
1. Primary Series of four doses with DtaP or DTP: <div style="text-align: right; margin-right: 50px;"># 1: _____ # 2: _____ # 3: _____ # 4: _____</div>		
2. Tetanus-Diphtheria (Td) Booster within the last ten years ( <b>Tdap</b> should be given as a one-time booster.)		Date: _____
<b>C. Polio</b> (Primary series in childhood meets requirement; three primary series schedules are acceptable.)		
1. OPV alone (oral Sabin three doses): # 1: _____ # 2: _____ # 3: _____		
2. IPV/OPV sequential: # 1: _____ # 2: _____ # 3: _____ # 4: _____ <div style="text-align: center; margin-left: 100px;">(IPV) (IPV) (OPV) (OPV)</div>		
3. IPV alone (injected Salk four doses) # 1: _____ # 2: _____ # 3: _____ # 4: _____		
<b>D. Varicella</b> (Either a documented history of chicken pox, a positive varicella antibody, or two doses of vaccine given at least one month apart if immunized at the age of 13 or older meets the recommendation.)		
1. Documented History of Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____ Year
2. Varicella Antibody:	Date: _____ <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
3. Immunization:	Dose # 1: _____ Dose # 2: _____	
<b>E. Hepatitis B</b> (Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive Hepatitis B surface antibody meets the requirement.)		
1. Immunization (Hepatitis B):	Dose # 1: _____	Dose # 2: _____ Dose # 3: _____
2. Immunization (Combined Hepatitis A and B Vaccine):	Dose # 1: _____	Dose # 2: _____ Dose # 3: _____
3. Hepatitis B surface antibody:	Date: _____ <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive	

**F. Hepatitis A** (*Recommended in some states and regions for children over one year old*)

1. Immunization (Hepatitis A): Dose # 1: \_\_\_\_\_ Dose # 2: \_\_\_\_\_  
2. Immunization (Combined Hepatitis A and B Vaccine): Dose # 1: \_\_\_\_\_ Dose # 2: \_\_\_\_\_ Dose # 3: \_\_\_\_\_

**G. Pneumococcal Polysaccharide Vaccine** (One dose for members of high risk groups) Date: \_\_\_\_\_

**H. Influenza** (Annual immunization recommended to avoid disruption to academic activities)  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Meningococcal Meningitis Vaccine** (One dose—for college freshmen living in residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)

MCV4 Quadrivalent conjugate vaccine (Menactra™): Date: \_\_\_\_\_  
(preferred; data for revaccination pending)

**J. HPV Vaccine** (Human papilloma virus vaccine) Females only. Series of 3 injections:  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

**K. Tuberculosis Screening<sup>1</sup>**

1. Does the student have signs or symptoms of active tuberculosis disease?  Yes  No  
(If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease, including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.)
2. Is the student a member of a high-risk group or is the student entering the health professions?<sup>2</sup>  Yes  No  
(If NO, stop. If YES, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) *A history of BCG vaccination should not preclude testing a member of a high-risk group.*
3. Tuberculin Skin Test: Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")  
Interpretation (based on mm of induration as well as risk factors):  Positive  Negative
4. Chest x-ray (required if tuberculin skin test is positive).  
Date of chest x-ray: \_\_\_\_\_ Result:  Normal  Abnormal

**PLEASE ATTACH PHOTOCOPY OF CHILDHOOD IMMUNIZATION RECORD IF AVAILABLE. THANK YOU.**

**Health Care Provider Signature**

Name/Title (Please print.):	Address:
Signature:	Phone:

<sup>1</sup> The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information visit [www.acha.org](http://www.acha.org) or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: [www.cdc.gov/nchstp/tb/pubs/corecurr/](http://www.cdc.gov/nchstp/tb/pubs/corecurr/).

<sup>2</sup> Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB Prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT the following: Canada, Jamaica, St. Kitts and Nevis, St. Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias, or lymphomas, low body weight, gastrectomy and jejunioileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.