University of San Diego
STUDENT HEALTH CENTER

October 4, 2011

Dear New Student,

Congratulations on your acceptance to the University of San Diego. The University is committed to protecting the health and well-being of all our students. To achieve that goal, we recommend that all students have immunizations (MMR, Varicella, and Tetanus-Diphtheria-Pertussis) and tuberculosis screening, and **REQUIRE** that **freshmen, transfer students, international students and/or anyone living on-campus** provide this information. If you are in one of the required student groups listed above, you must submit a completed Immunization & TB Verification Form (see below).

The deadline for submission of all information is 2 weeks prior to the first day of classes. There is a registration hold in place until a completed form is received. Additionally, the tuberculosis screening portion of the form must be completed to be allowed to move into the resident halls. For your convenience you can submit this portion electronically by completing the online TB screening questionnaire through the MySanDiego Portal. If you answer "yes" to any of the questions, you will need additional tuberculosis testing as outlined on the Immunization & TB Verification Form. Any required tuberculosis testing you may need must be completed prior to moving into the resident halls.

Please mail the form**, completed and signed by a health care provider,** to the Student Health Center at the address on the form. Communication about received forms or incomplete forms will be sent to your sandiego.edu email address by the My Wellness Secure Messaging system.

Other immunizations, including Meningococcal Vaccine, Hepatitis A Vaccine, Hepatitis B and Gardisil(HPV) Vaccine are NOT REQUIRED for registration, but are recommended. Meningococcal disease is very rare, but can cause serious, life threatening illness. It sometimes occurs in small outbreaks, generally among groups in close settings such as a college dormitory. Students, who will live on campus, should seriously consider the advantages of vaccination. For more information about Meningococcal Vaccines, please see the Meningococcal information located below, or call your health care provider.

If you are under 18 on your start date for classes, your parent/guardian needs to sign below and return this letter with the immunization form. If you will be over 18 on your start date, no signature is required.

In case of routine health examinations, immunizations, diagnostic procedures, treatment of illnesses and/or injuries, permission is hereby granted to treat the student named herein at the Student Health Center, University of San Diego, and to provide care and/or make necessary referrals.

Name of Student: _____ Student's Date of Birth: _____

Signature of Parent/Guardian _____ Date _____

If you or your healthcare provider has questions, please contact any of the Health Center staff at 619-260-4595.

Kimberly Woodruff, MD, MPH
Supervising Physician, Student Health Center

MENINGOCOCCAL VACCINES

What is meningococcal disease?

Meningococcal disease is a serious illness, caused by a bacteria. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections. About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes. Anyone can get meningococcal disease, but it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease. Meningococcal infections can be treated with antibiotics. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

Meningococcal vaccine

Two meningococcal vaccines are available in the U.S.:

- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s.
- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease, but they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection. MCV4 should also be better at preventing the disease from spreading from person to person.

Who should get meningococcal vaccine and when?

One to two doses of MCV4 is recommended for children and adolescents 11 through 21 years of age. This first dose is normally given during the routine preadolescent immunization visit (at 11-12 years) and a second booster dose at age 16. Those that receive their first dose after age 16 do not need a booster. Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

For more information about the pros and cons of the vaccine, talk with your health care provider or visit **www.cdc.gov/vaccines**

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IMMUNIZATION AND TB VERIFICATION FORM – Fall 2011- Spring 2012

Name _____ ***NOTE: NAME AND ID # ALSO REQUIRED ON SIDE OF FORM*** *
(Last) (First)
Address _____
Street City State Zip

Date of Birth ___/___/___ Student's phone_____ Student's Email _____

□Male □ Female □Freshman □Sophomore □Junior □Senior □Graduate □Law □ ELA □ Paralgl □On-Campus □Off-Campus

TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

PART 1: REQUIRED TUBERCULOSIS SCREENING

Have you ever had a positive TB skin test? □Yes □No
Have you ever had close contact with anyone who was sick with Tuberculosis? □Yes □No
Were you born in any of the countries listed below and your arrival in the US is within the last 5 years? □Yes □No
Have you had any significant travel to any of the countries listed below? □Yes □No
*(significant travel is considered a stay for at least 1 week with substantial exposure to the indigenous population)
Have you ever been vaccinated with BCG? □Yes □No

If you answered NO to all of these questions, skip to PART 2: Required Immunizations

If you answered YES to ANY of these questions, your tuberculosis screening is positive and you are required to have further testing. Provider, please fill out the **TB Risk Assessment Form** attached below**.**

PART 2: REQUIRED IMMUNIZATIONS

TETANUS-DIPHTHERIA-PERTUSSIS: Primary series ***AND*** Tdap booster after age 11
Date Tdap booster given: ____/____/____

M.M.R.: 1st Dose: ____/____/____ 2nd Dose: ____/____/____, ***OR*** positive titer: ____/____/____

VARICELLA (Chicken Pox): Year of disease: _____, ***OR*** 1st Dose: ____/____/____ 2nd Dose: ____/____/___
OR a positive titer: ____/____/____

PART 3: OPTIONAL VACCINATIONS RECEIVED:

HEPATITIS B: 1st Dose: ____/____/____ 2nd Dose: ____/____/____ 3rd Dose: ____/____/____
HEPATITIS A: 1st Dose: ____/____/____ 2nd Dose: ____/____/____
MENINGOCOCCAL: 1st Dose: ____/____/____ 2nd Dose (if applicable) ____/____/____
HPV: 1st Dose: ____/____/____ 2nd Dose: ____/____/____ 3rd Dose: ____/____/____

_____
Name of Provider **Date**

_____
Signature of Provider **License Number**

Last, first name

USD ID # *missing information will delay processing

MAIL TO: USD STUDENT HEALTH CENTER, 5998 Alcala' Park, CAMINO 161, S.D., CA 92110-2492 **(rev 10-5-11)**

CIRCLE the country you were born in and place CHECKMARKS beside the countries with significant travel.
*** Travel exposure should be discussed with a health care provider and its significance should be determined by the provider. Typically significant travel exposure is defined as stay for at least one week with substantial exposure to the indigenous population.*

Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Cape Verde
Central African Republic
Chad
China
Colombia
Comoros
Congo
Cook Islands
Côte d'Ivoire
Croatia
D. P. R. Korea
D. R. Congo
Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
French Polynesia
Gabon
Gambia
Georgia
Ghana
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iraq
Japan
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao P. D. R.
Latvia
Lesotho
Liberia
Libyan Arab Jamahiriya
Lithuania
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Micronesia
Mongolia
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Rep. of Korea
Rep. of Moldova
Romania
Russian Federation
Rwanda
St. Vincent & the Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Suriname
Swaziland
Syrian Arab Republic
Tajikistan
Thailand
The Former Yugoslav Rep. of Macedonia
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
U. Rep. Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela
Viet Nam
Yemen
Zambia
Zimbabwe

World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp

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Tuberculosis Risk Assessment Form

This form should only be filled out if the Tuberculosis Screening on the previous page is positive

For Patients with a prior history of a positive tuberculosis skin test

When was the previous postive tuberculosis skin test? Estimate Date: ____/____/___

Does the patient have any of the following symptoms of active tuberculosis: cough for > 3 weeks, night sweats, unintentional weight loss, unusual fatigue, or fevers/chills? □Yes □No

A current Chest X-Ray is required if:

1) The positive tuberculosis skin test was within the last 2 years as most individual get active tuberculosis within 2 year of conversion.

OR

2) The patient has signs or symptoms of active tuberculosis as above.

CXR result: □normal □abnormal Date obtained ___/___/___

□ No CXR warranted

For Patients with **NO** prior history of a positive tuberculosis skin test

Because the patient screened positive for risk for tuberculosis exposure a current tuberculosis skin test or quantiferon blood test is required within the last ***6 months***:

Tuberculosis Skin Test: Date Given: ____/____/____ Date Read: ____/____/____

Result: _____ (mm of induration) Interpretation: □negative □positive**

OR

Quantiferon: Date performed : ____/____/____ Results: □negative □positive**

** If the Tuberculosis Skin Test or Quantiferon test is positive, a Chest X-Ray is required.

CXR result: □normal □abnormal Date obtained ___/___/___

** If either current PPD or Quantiferon are positive, has the patient chosen to start INH therapy?

□Yes □No Start Date ___/___/__

Name of Provider Date

Signature of Provider License Number