Highlands College

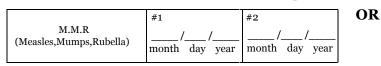
# **IMMUNIZATION RECORD**

Required of all Traditional students - Due prior to Enrollment

NAME			DATE OF BIRTH / /		
Last	First	Middle	month day year		
Email address:			Phone number: ()		
Enrolling:  □ Fall  □ Spring Y	ear 20 Program of Stu	dy: Liv	<b>ring in Campus Housing?</b> Yes [ ] No [ ]		
TUBERCULOSIS SCRE	ENING (student must an	<u>swer BOTH scr</u> eening qu	estions)		
unexplained weight loss, etc.)	symptoms of active tuberculosis discontinuous of active tuberculosis discontinuous of a contract of the symptometry of the symp		nt , coughing up blood, fever, fatigue,		
-High risk students include those v high-risk categories include those with congregate settings such as prisons, sh -Also includes students currently wo courses	who have arrived within the past 5 years 1 HIV infection or other immunosuppress elters, hospitals, nursing homes, etc.	from any country EXCEPT: Western Eur sive disorders, h/o IV drug use, or those v into the clinical portion of a health profes	No [ ] If No, stop. If yes, proceed below. ope, Canada, Australia or New Zealand. Additional who have resided in, or worked in high-risk ssion field of study; does not include pre-requisite <b>Tuberculosis screening:</b>		
a. PPD Skin Test (Mantoux): Mu	ist be within 6 months of entrance of	late.			
Date Given: month/day/year	n: Date Read: Results: (mm induration) If positive, report to Health Department				
month/day/year	month/day/year month/day/year for further evaluation (chest x-ray and IGRA)				
<b>b.</b> Healthcare workers/students	1 1	. 0	eater than 3 weeks after the first skin test)		
Date Given: month/day/year	Date Read: Results:	: (mm induration) If ] for	positive, report to Health Department further evaluation (chest x-ray and IGRA)		
OR		101	further evaluation (chest x ray and forkit)		
c. IGRA (Quantiferon gold or T-spo	ot) accepted in lieu of TB Skin test with	hin 6 months of entrance <b>for studen</b>	ts with history of positive TB Skin test.		
- Must provide copy of lab report,	chest x-ray report of negative findings	s, and the Highlands College TB quest	ionnaire. Result Date		
<b>OR</b> <b>d</b> . Chest x-ray (required <b>if student</b>	has history of latent or active TB	<b>disease</b> *) -Date of Chest x-ray (mus	t be within 6 months of entrance):		
	-Results: Normal [] Abnormal [] -Must attach documentation of treatment, chest x-ray report, and TB questionnaire.				
		-Must attach documentation of treat	ment, cnest x-ray report, and TB questionnaire.		
VACCINATIONS REQU	IRED OF ALL STUDENT	S:			

#### M.M.R. (Measles, Mumps and Rubella)

Born before 1957, no MMR immunization required *Combined Vaccines* (Two doses; at least one month apart)



OR

*Laboratory Evidence of Immunity* (all 3 required) in lieu of vaccines \*must submit copy of lab report

\*if not immune, please complete the vaccination series

Measles	#1 // month day year	RESULT: [ ] Immune [ ] Non-Immune
Mumps	#1 /// month day year	RESULT: [ ] Immune [ ] Non-Immune
Rubella	#1 // month day year	RESULT: [ ] Immune [ ] Non-Immune

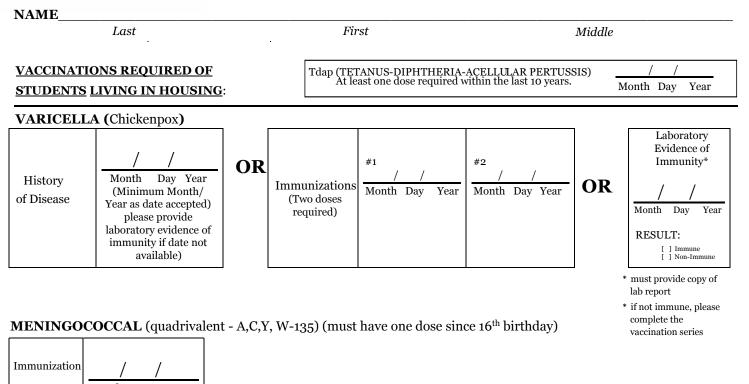
### Individually Administered Vaccines

Measles	#1 // month day year	#2 // month day year
Mumps	#1 /// month day year	
Rubella	#1 /// month day year	



# IMMUNIZATION RECORD continued

### Required of all <u>Traditional students</u> – Due prior to Enrollment.



#### **RECOMMENDED VACCINATIONS:**

#### **HEPATITIS B - REQUIRED FOR STUDENTS LIVING IN HOUSING**

Immunizations				Laboratory E	vidence of Immun	ity*
	least one h after dose #1) / / h Day Year	#3 (at least six months after dose #1 OR four months after dose #2) / / Month Day Year	OR	Hepatitis B Surface Antibody (*must provide copy of lab report)	/// Month Day Year	RESULT: [ ] Immune [ ] Non-Immune

## THIS SECTION TO BE FILLED OUT BY HEALTH CARE

**PROVIDER ONLY** Student Health Information

Please list any potential communicable illnesses: \_

MD/PA/NP Signature:	Date:
Print Name:	Phone: ()
Address:	

Please submit to: admissions@highlandscollege.com OR mail to Highlands College / 1701 Lee Branch Lane / Birmingham, AL 35424