

# TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

## PAGE 1 OF 2

This form must be completed and signed by a health care provider.

Or enter and upload immunization records at <https://tigerhealth.towson.edu>

For questions email: [healthcenter@towson.edu](mailto:healthcenter@towson.edu)

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yy): \_\_\_\_\_ TU ID# \_\_\_\_\_

REQUIRED FOR ALL STUDENTS ATTENDING CLASSES ON TOWSON MAIN CAMPUS AND AFFILIATED CAMPUSES				
VACCINE	DOSE 1	DOSE 2	Alternative to vaccine:	
<b>Measles-Mumps-Rubella (MMR)</b> 2 doses given on or after 1st birthday	__/__/__	__/__/__	Positive IgG titers to Measles (Rubeola), Rubella, and Mumps <b>Attach copy of titer results</b>	
<b>Tetanus-Diphtheria-Pertussis (Tdap)</b> Single dose of Adult Tdap (Adacel® or Boostrix®) given at ≥ 11 yrs of age AND after 5/2005 (date of FDA licensure).	__/__/__		A Td (Tetanus-diphtheria) booster is NOT an acceptable alternative unless there is a documented medical contraindication to Pertussis vaccine. In that case, aTd booster within 10 years of start of classes will be accepted. Last Td booster if Pertussis contraindicated: __/__/__	
<b>TUBERCULOSIS SCREENING:</b> All students must complete the online <b>Tuberculosis Exposure Risk Screening Questionnaire</b> found at <a href="https://tigerhealth.towson.edu">https://tigerhealth.towson.edu</a> .				
<b>U.S. CITIZENS/PERMANENT RESIDENTS:</b> You must complete the online TB Exposure Risk Screening Questionnaire. If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date. **Note: If you were born outside the U.S., you will need the TB blood serology test. **				
<b>ALL INTERNATIONAL STUDENTS ON VISAS:</b> You must come to the Health Center upon arrival at Towson for TB testing. A TB test is required, regardless of prior BCG vaccination. A chest x-ray alone is not acceptable. If you have had a TB blood test performed within 6 months of arrival to Towson, bring this documentation with you. If the blood was positive bring the official chest x-ray film. If you have ever been treated for a positive TB test or active tuberculosis, bring documentation of drugs and duration of treatment. <b>You <u>will not</u> be allowed to remain in classes if you do not complete this requirement.</b>				
REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING				
<b>Meningococcal (Meningitis)</b> (Conjugate vaccine, Menactra® or Menveo® or MenQuadfi®) Given ≥ 16yrs of age.)	__/__/__		<input type="checkbox"/> Meningococcal vaccine waiver signed (on Housing application)	
REQUIRED FOR NURSING AND OTHER HEALTH PROFESSIONAL STUDENTS (strongly recommended for all students)				
*Students may also be required to receive COVID-19 vaccine and annual flu shot, please check with your program*				
VACCINE	DOSE 1	DOSE 2	DOSE 3	
<b>Varicella</b>	__/__/__	__/__/__	__/__/__	Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
<b>Polio (IPV or OPV)</b>	__/__/__	__/__/__	__/__/__	Polio booster dose of IPV acceptable if no proof of primary series: __/__/__
<b>Hepatitis B</b>	__/__/__	__/__/__	__/__/__	Hepatitis B sAb titer : <input type="checkbox"/> Positive (Attach copy of titer results)

**CONTINUED ON NEXT PAGE**

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**STRONGLY RECOMMENDED FOR ALL STUDENTS**

Students should be up to date on their COVID-19 vaccinations. This includes a booster dose when eligible. If conditions change and the “recommended” status of the COVID-19 vaccination changes to “mandated”, students will be notified.

VACCINE	DOSE 1	DOSE 2	BOOSTER (if applicable)	BOOSTER (if applicable)
COVID-19 Pfizer or Moderna (circle one)	___/___/___	___/___/___	___/___/___	___/___/___
COVID-19 Johnson & Johnson	___/___/___		___/___/___	
Other WHO COVID-19 Vaccine Name: _____	___/___/___	___/___/___	___/___/___	

**STRONGLY RECOMMENDED FOR ALL STUDENTS**

VACCINE	DOSE 1	DOSE 2	DOSE 3 (if applicable)
HPV/Gardasil (Human Papilloma Virus)	___/___/___	___/___/___	___/___/___
Serogroup B Meningococcal Vaccine Circle: Bexsero or Trumenba	___/___/___	___/___/___	___/___/___

**EXEMPTION FROM REQUIRED IMMUNIZATIONS:** Only bona fide medical and religious exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak.

**Medical Exemption:** Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent: \_\_\_\_\_

**Religious Exemption:** Student must complete and have notarized a Request for Exemption detailing religious basis of request. Form is available at the Health Center.

**HEALTH CARE PROVIDER (PRINT NAME):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEALTH CARE PROVIDER SIGNATURE:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

Your completed Towson University Health Center Pre-Entrance Immunization Record must be signed by your medical provider and uploaded to your student portal via <https://tigerhealth.towson.edu> by August 15, 2025, for students beginning in the fall or by January 15, 2026, for students beginning in the spring.

In lieu of this form, you may upload copies of your immunization records to the Tiger Health Portal. We will accept immunization records that are legible and contain your name and date of birth.