

TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

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This form must be completed and signed by a health care provider.
 Enter and upload immunizations at <https://tigerhealth.towson.edu>
 For questions email: 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:
Measles-Mumps-Rubella (MMR) 2 doses given on or after 1st birthday	__/__/__	__/__/__	Positive IgG titers to Measles (Rubeola), Rubella, and Mumps Attach copy of titer results
Tetanus-Diphtheria-Pertussis (Tdap) 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, Td booster within 10 years of start of classes will be accepted. Last Td booster if Pertussis contraindicated: __/__/__

TUBERCULOSIS SCREENING: All students must complete the online **Tuberculosis Exposure Risk Screening Questionnaire** found at <https://tigerhealth.towson.edu>.

U.S. CITIZENS/PERMANENT RESIDENTS: 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. **

ALL INTERNATIONAL STUDENTS ON VISAS: 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. **You will not be allowed to remain in classes if you do not complete this requirement.**

REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING

Meningococcal (Meningitis) (Conjugate vaccine, Menactra© or Menveo©) Given ≥ 16yrs of age.)	__/__/__		<input type="checkbox"/> Meningococcal vaccine waiver signed (on Housing application)
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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	
Varicella	__/__/__	__/__/__	__/__/__	Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
Polio (IPV or OPV)	__/__/__	__/__/__	__/__/__	Polio booster dose of IPV acceptable if no proof of primary series: __/__/__
Hepatitis B	__/__/__	__/__/__	__/__/__	Hepatitis B sAb titer : <input type="checkbox"/> Positive (Attach copy of titer results)

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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. Please also enter your COVID-19 vaccination information here: www.towson.edu/vaxverify				
VACCINE	DOSE 1	DOSE 2	BOOSTER (if eligible)	BOOSTER # 2 (if eligible)
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 Mandatory 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, 2022.**

Please also enter your COVID-19 vaccination information at www.towson.edu/vaxverify