

TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

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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

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, aTd 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>.

If TB risk factors are present, the student must obtain a blood test for TB. A chest x-ray alone is not acceptable. If the student had TB testing (PPD or blood serology testing) performed within 6 months of arrival to Towson, they must supply documentation. If the TB testing is positive, they need to obtain a chest x-ray or provide documentation of a chest x-ray taken within the past 6 months. Students previously treated for a positive TB test or active tuberculosis must provide documentation of regimen and duration of treatment. Test results and documentation can be uploaded to the Tiger Health Portal at <https://tigerhealth.towson.edu>

*Please note that international students on visas arriving from high-risk countries will need to report to the Health Center on arrival for a TB testing visit.

REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING

Meningococcal (Meningitis) (Conjugate vaccine, Menactra® or Menveo® or MenQuadfi®) 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.

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.