

## Health Services Immunization and Health Information

Your complete record for required vaccines (Part II) must be on file in our Health Center before the start of classes or you will be **MEDICALLY WITHDRAWN FROM CLASSES** per NYS Public Health Laws 2165 and 2167. Please contact Health Services with any questions. (607-844-8222 x4487) or refer to our website for further information: [http://www.tc3.edu/student/health\\_immunizations.asp](http://www.tc3.edu/student/health_immunizations.asp)

**Part I: TO BE COMPLETED BY STUDENT**

Name \_\_\_\_\_  
First Name Middle Name

\_\_\_\_\_ Last Name

Address \_\_\_\_\_  
Street City State Zip

Date of Entry    /   /    M D Y      Date of Birth    /   /    M D Y      School ID# \_\_\_\_\_

**Part II : To Be Completed By Parent if Student is Under 17 Years Old :**

**STUDENT TREATMENT PERMISSION**

I grant permission for TC3 Health Services to provide medical care and immunizations to the above student as necessary.

\_\_\_\_\_  
 Parent/Guardian Signature Date: M/D/Y

**PART III: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.**

*All information must be in English.*

**REQUIRED IMMUNIZATIONS**

**A. MMR (MEASLES, MUMPS, RUBELLA)**

(Two doses required at least 28 days apart for students born after 1956.)

1. Dose 1 given at age 12 months or later ..... #1    /   /     
M D Y
2. Dose 2 given at least 28 days after first dose ..... #2    /   /     
M D Y

OR

Positive antibodies for Measles, Mumps, and Rubella. ***ATTACH COPY OF LAB RESULTS***

**B. MENINGOCOCCAL QUADRIVALENT**

(A, C, Y, W-135) One dose within the last 5 years or a completed 2-dose series.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible).

a. Dose #1    /   /         b. Dose #2    /   /     
M D Y      M D Y

2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available).

Date    /   /     
M D Y

\_\_\_\_\_  
 Provider signature M/D/Y

**Health Services Immunization and Health Information**

**Part III: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER (continued)**

**Meningococcal Quadrivalent (Continued)**

3. Declination: (acceptable)

If the student/parent declines the meningococcal vaccine, a signature is needed:

**I have decided to decline the Meningitis vaccine by signing below.** I have read, or have had explained to me the information regarding meningococcal meningitis disease. ***I understand the risks of not receiving the vaccine.***

Student signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent or guardian signature if student under 18 years of age) M D Y

**RECOMMENDED IMMUNIZATIONS**

**C. TETANUS, DIPHTHERIA, PERTUSSIS**

1. Date of last dose in series: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

2. Date of most recent booster dose: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Type of booster: Td \_\_\_\_ Tdap \_\_\_\_  
*Tdap booster recommended for ages 11-64 unless contraindicated*

**D. VARICELLA (A positive varicella antibody or two doses of varicella vaccine)**

1. Positive varicella antibody. **ATTACH COPY of LAB RESULTS**

2. Immunization

a. Dose #1 ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

b. Dose #2 given at least 12 weeks after first dose ages 1–12 years..... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
and at least 4 weeks after first dose if age 13 years or older. M D Y

**E. POLIO**

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y

2. IPV/OPV sequential: IPV #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y

3. IPV alone (injected Salk four doses): #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y

**HEALTH CARE PROVIDER**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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**PART IV. TUBERCULOSIS (TB) SCREENING/TESTING<sup>1</sup>**

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease?  Yes  No  
(If yes, please CIRCLE the country, below)

- |                                  |                                       |                                  |                                  |                                    |
|----------------------------------|---------------------------------------|----------------------------------|----------------------------------|------------------------------------|
| Afghanistan                      | Congo                                 | Iran (Islamic Republic of)       | Namibia                          | Solomon Islands                    |
| Algeria                          | Côte d'Ivoire                         | Iraq                             | Nauru                            | Somalia South Africa               |
| Angola                           | Democratic People's Republic of Korea | Kazakhstan                       | Nepal                            | South Sudan                        |
| Anguilla                         |                                       | Kenya                            | Nicaragua                        | Sri Lanka                          |
| Argentina                        | Democratic Republic of the Congo      | Kiribati                         | Niger                            | Sudan                              |
| Armenia                          |                                       | Kuwait                           | Nigeria                          | Suriname                           |
| Azerbaijan                       | Djibouti                              | Kyrgyzstan                       | Northern Mariana Islands         | Swaziland                          |
| Bangladesh                       | Dominican Republic                    | Lao People's Democratic Republic | Pakistan                         | Tajikistan                         |
| Belarus                          | Ecuador                               |                                  | Palau                            | Thailand                           |
| Belize                           | El Salvador                           | Latvia                           | Panama                           | Timor-Leste                        |
| Benin                            | Equatorial Guinea                     | Lesotho                          | Papua New Guinea                 | Togo                               |
| Bhutan                           | Eritrea                               | Liberia                          | Paraguay                         | Trinidad and Tobago                |
| Bolivia (Plurinational State of) | Estonia                               | Libya                            | Peru                             | Tunisia                            |
| Bosnia and Herzegovina           | Ethiopia                              | Lithuania                        | Philippines                      | Turkmenistan                       |
| Botswana                         | Fiji                                  | Madagascar                       | Poland                           | Tuvalu                             |
| Brazil                           | French Polynesia                      | Malawi                           | Portugal                         | Uganda                             |
| Brunei Darussalam                | Gabon                                 | Malaysia                         | Qatar                            | Ukraine                            |
| Bulgaria                         | Gambia                                | Maldives                         | Republic of Korea                | United Republic of Tanzania        |
| Burkina Faso                     | Georgia                               | Mali                             | Republic of Moldova              | Uruguay                            |
| Burundi                          | Ghana                                 | Marshall Islands                 | Romania                          | Uzbekistan                         |
| Cabo Verde                       | Greenland                             | Mauritania                       | Russian Federation               | Vanuatu                            |
| Cambodia                         | Guam                                  | Mauritius                        | Rwanda                           | Venezuela (Bolivarian Republic of) |
| Cameroon                         | Guatemala                             | Mexico                           | Saint Vincent and the Grenadines | Viet Nam                           |
| Central African Republic         | Guinea                                | Micronesia (Federated States of) | Sao Tome and Principe            | Yemen                              |
| Chad                             | Guinea-Bissau                         | Mongolia                         | Senegal                          | Zambia                             |
| China                            | Guyana                                | Montenegro                       | Serbia                           | Zimbabwe                           |
| China, Hong Kong SAR             | Haiti                                 | Morocco                          | Seychelles                       |                                    |
| China, Macao SAR                 | Honduras                              | Mozambique                       | Sierra Leone                     |                                    |
| Colombia                         | India                                 | Myanmar                          | Singapore                        |                                    |
| Comoros                          | Indonesia                             |                                  |                                  |                                    |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries and territories with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits\* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above)  Yes  No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  Yes  No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

If the answer is YES to any of the above questions, Tompkins Cortland Community College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. **THIS MUST BE DONE BY YOUR HEALTH CARE PROVIDER.**

If the answer to all of the above questions is NO, no further testing or further action is required.

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

<sup>1</sup>The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit <http://www.acha.org/Guidelines>.





Student Name: \_\_\_\_\_

## Health Services Immunization and Health Information

### 4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: normal \_\_\_\_ abnormal \_\_\_\_  
M D Y

#### Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

\_\_\_\_\_ Student agrees to receive treatment

\_\_\_\_\_ Student declines treatment at this time

#### HEALTH CARE PROVIDER

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_



Student Name: \_\_\_\_\_

## Health Services Immunization and Health Information

**PART V: Physical Exam (Highly Recommended) Must be completed and signed by your health care provider.**

Students with known health concerns are encouraged to consult with their health care providers before coming to Tompkins Cortland Community College.

Patient Name: \_\_\_\_\_ Date of Exam \_\_\_/\_\_\_/\_\_\_\_\_  
Last First Middle mm/ dd / yyyy

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
m m / d d / y y y y Gender: Male \_\_\_\_ Female \_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vision: O.S. \_\_\_\_\_ O.D. \_\_\_\_\_ With correction? \_\_\_\_ Yes \_\_\_\_ No

**Clinical Evaluation**

Check each item in proper column. Check Normal or Abnormal or write N.E. if not evaluated.

	Normal	Abnormal	Comments
1. Head, ears, eyes, nose, neck			
2. Heart			
3. Lungs			
4. Abdomen			
5. Genitourinary			
6. Musculoskeletal			
7. Neurological			
8. Mental health			

Will any accommodations be needed while attending college?

To the best of your knowledge, this student is physically and emotionally ready for college life: \_\_\_\_ Yes \_\_\_\_ No

Health Care Provider Signature: \_\_\_\_\_

Health Care Provider Name (PRINT): \_\_\_\_\_

Contact Information: \_\_\_\_\_