

NAME (please print): _____

STUDENT ID#: _____

THE IMMUNIZATION HISTORY FORM

This Health Record is a requirement by law and for admission to Defiance College. It is the policy of DC to have in our medical files documented proof of immunization and an Emergency Information Form (see <http://www.defiance.edu/admissions/admitted/emergency-info-form.html>) on each incoming student. This is for your protection as well as the other students and the community.

The easiest method of obtaining your immunization record is from your high school, your medical records, or your County Health Department. If possible, obtain a copy and attach it to this form. If your immunization record is not complete or up-to-date by registration, we will require that you receive the needed immunizations. **If you are a student-athlete, a physical examination will be completed on campus.** All information is kept confidential and can be released only upon your written consent.

Mail completed forms to **Office of Student Life, Defiance College, 701 North Clinton Street, Defiance, Ohio 43512**, or bring to your Orientation.

We appreciate your cooperation in regards to your health needs.

Defiance College Student Life

REQUIRED FOR ADMISSION:	REQUIRED FOR ADMISSION:
<p>HEPATITIS B AND MENINGITIS VACCINES We are required by Ohio law to document that all residential students receive or refuse the Hepatitis B and Meningitis vaccines.</p> <p>Please complete with dates when you received the Hepatitis B and Meningitis vaccines:</p> <p>Hepatitis B: Date #1 _____ / _____ / _____ Date #2 _____ / _____ / _____ Date #3 _____ / _____ / _____</p> <p>___ I currently have NOT received the Hepatitis B vaccine and do not wish to receive it at this time.</p> <p>Meningitis: Date _____ / _____ / _____</p> <p>___ I have NOT received the meningococcal meningitis vaccine. I have reviewed the information about it and do not wish to receive it.</p>	<p>IMMUNIZATION HISTORY</p> <p>TETANUS – DIPHTHERIA – PERTUSSIS (DPT): Date _____ / _____ / _____</p> <p>POLIO: Date _____ / _____ / _____</p> <p>CHICKEN POX: Date _____ / _____ / _____</p> <p>MMR #1: Date _____ / _____ / _____</p> <p>MMR #2: Date _____ / _____ / _____</p> <hr/> <p>Not required for admission, only if received:</p> <p>Hepatitis A: Date #1 _____ / _____ / _____ Date #2 _____ / _____ / _____</p> <hr/> <p>I, the undersigned student (if 18 years of age) or parent (if student is under age 18), have read and understand the information provided to me about these immunizations. I understand the benefits and risks of being vaccinated against these diseases. The information regarding my (my student's) vaccination status is accurate and is being provided in compliance with the Ohio Revised Code, Section 3701.133 (B).</p>
<p>*Please include the Tuberculosis (TB) Screening Questionnaire.</p>	<p>_____ STUDENT SIGNATURE / DATE</p> <p>_____ PARENT/GUARDIAN SIGNATURE: / DATE (REQUIRED IF STUDENT IS UNDER THE AGE OF 18)</p>

Defiance College Student Life
701 North Clinton Street
Defiance, Ohio 43512
Phone: 419-783-2437
Fax: 419-783-2597

DEFIANCE COLLEGE

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

1. Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
2. Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
(If yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

3. Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No
* The significance of the travel exposure should be discussed with a health care provider and evaluated.
4. 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
5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No
6. 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, Defiance College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester) and record that information below. (This can be done at your local health department for minimal cost.)

TUBERCULIN (TB) SKIN TEST: Date _____ Negative _____ Positive _____

*A Positive TB test requires a chest x-ray

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