

## ACHA Guidelines

# Recommendations for Institutional Prematriculation Immunizations

The following recommendations are provided to colleges and universities to facilitate the implementation of a comprehensive institutional prematriculation immunization policy. Vaccine-preventable diseases continue to occur on American campuses. In response to changing epidemiology and the introduction of new vaccines, the ACHA Vaccine Preventable Diseases Committee monitors age-appropriate public health recommendations and updates this document accordingly.

The committee recognizes that many colleges and universities are mandated by state law to require

certain vaccinations for matriculating students. States and educational institutions may require fewer or more vaccines, while some may only recommend certain vaccinations. This document is intended as a guideline that is consistent with the Advisory Committee on Immunization Practices (ACIP) recommendations. Links to complete information regarding ACIP provisional and final comprehensive recommendations, including schedules, indications, precautions, and contraindications, are available at the CDC National Immunization Program website: <http://www.cdc.gov/nip/publications/ACIP-list.htm>.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
<b>Measles, Mumps, Rubella (MMR)</b>	Two doses of MMR at least 28 days apart after 12 months of age.	All college students born after 1956 without lab evidence of disease or physician diagnosed disease.  All health sciences students without other evidence of immunity should receive two doses of MMR. Those born before 1957 without other evidence of immunity should receive one dose if not in an outbreak setting and two doses if in an outbreak.	Pregnancy, history of hypersensitivity or anaphylaxis to any of the components in the vaccine. Receipt of blood products and moderate or severe acute infections. Guidelines exist for vaccination of persons with altered immunocompetence.
<b>Polio</b> - <i>Inactivated (IPV)</i> - <i>Oral poliovirus (OPV- no longer available in U.S.)</i>	Primary series in childhood with IPV alone, OPV alone, or IPV/OPV sequentially; IPV booster only if needed for travel after age 18 years.	IPV for certain international travelers to areas or countries where polio is epidemic or endemic.	History of hypersensitivity to any of the components of the vaccine.
<b>Varicella</b>	Two doses of varicella-containing vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 years or older.	All college students without other evidence of immunity (e.g., born in the U.S. before 1980, a history of disease, two prior doses of varicella vaccine, or a positive antibody).  All health sciences students without a history of disease, with one prior dose of vaccine, or with a negative antibody titer should receive a total of two doses of vaccine.	Pregnancy, history of hypersensitivity or anaphylaxis to any of the components in the vaccine, and severe illness. Guidelines exist for vaccination of persons with altered immunocompetence.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
<p><b>Tetanus, Diphtheria, Pertussis</b></p> <p>- DT: <i>pediatric (&lt; age 7 years) preparation of diphtheria and tetanus toxoids.</i></p> <p>- DTaP: <i>pediatric (&lt; age 7 years) preparation of diphtheria, tetanus toxoids, and acellular pertussis.</i></p> <p>- DTP (also known as DTwP): <i>pediatric (&lt; age 7 years) preparation of diphtheria, tetanus toxoids, and whole cell pertussis (no longer available in the U.S.).</i></p> <p>- Td: <i>7 years and older preparation of tetanus toxoid and reduced diphtheria toxoid.</i></p> <p>- Tdap: <i>adolescent and older preparation of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.</i></p>	<p>Primary series with DT, DTaP, DTP, or Td.</p> <p>Routine tetanus toxoid and reduced diphtheria toxoid every 10 years, age 11-64 years. Tdap for next booster (single dose).</p> <p>For adolescents age 11-18, at least 5 years should have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine, prior to receiving Tdap.</p> <p>For adults 19-64 years, Tdap to replace a single dose of Td for booster immunization against tetanus, diphtheria, and pertussis.</p> <p><b>Tetanus prophylaxis in wound management:</b> For both age groups above, patients who require a tetanus toxoid-containing vaccine as part of wound management should receive Tdap instead of Td if they have not previously received Tdap. If Tdap is not available or was administered previously, Td should be administered.</p> <p><b>Pertussis prophylaxis:</b> For both age groups above, intervals shorter than 10 years since the last Td may be used to protect against pertussis. Particularly in settings with increased risk from pertussis or its complications or for those who have or who anticipate having close contact with an infant &lt; 12 months of age (parents, childcare providers, healthcare providers), a single dose of Tdap should be administered. The benefits of using a single dose of Tdap at a shorter interval to protect against pertussis generally outweighs the risk of local and systemic reactions after vaccination. The safety of intervals as short as 2 years between Td and Tdap are supported by studies from Canada.</p> <p><b>Routine booster dose intervals:</b> Adults should receive decennial Td boosters, beginning 10 years after receiving Tdap, until guidance on subsequent Tdap booster doses is available.</p>	<p>One dose of Tdap replacing one decennial Td booster for all college students.</p> <p>Any student in the setting of: pertussis outbreaks, close contact with infants less than 12 months of age, or wound management, as appropriate.</p> <p>Health sciences students with patient contact should receive a single dose of Tdap at an interval as short as two years from the last Td. Health sciences students with no patient contact should receive a single dose of Tdap according to the routine recommendation and interval guidance for use of Tdap in adults.</p>	<p>History of hypersensitivity or serious adverse reaction to any of the components in the vaccine.</p> <p>There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetavalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.</p>

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
<b>Quadrivalent Human Papillomavirus Vaccine (HPV)</b>	Females 11 or 12 years old. All females age 13-26 years old who have not received the vaccine (three doses at 0, 2, and 6 months).	All female college students 11 to 26 years old. No HPV or pap test screening is required prior to administering vaccine; however, routine cervical cancer screening should continue according to prior recommendations.	Pregnancy, history of hypersensitivity to yeast or to any vaccine component; moderate or severe acute illnesses (defer vaccine until improved); may be given to immunocompromised females, but vaccine responsiveness and efficacy may be reduced.
<b>Hepatitis A Vaccine</b>	Given as a series of 2 doses (given at 0, 6-12 mo.) for age 12 months or greater. **	Recommended for routine use in all adolescents through the age of 18 and in particular for adolescent and adult high-risk groups (i.e., persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, persons who have clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease).	History of hypersensitivity to any of the components of the vaccine.
<b>Hepatitis B Vaccine</b>	Given as a series of 3 age appropriate doses (given at 0, 1-2 mo., and 6-12 mo.) at any age. Adolescents age 11-15 years can be given 2 adult doses (given at 0, and 4-6 mo.).**	All college students. All health sciences students.	History of hypersensitivity to any of the components of the vaccine.
<b>Meningococcal Tetravalent (A,C,Y,W-135)</b>		All adolescents 11-18 years of age, and other populations at increased risk, including freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.+	History of hypersensitivity or serious adverse reaction to any of the components in the vaccine. Avoid vaccinating persons who are known to have experienced Guillain-Barre (GBS) syndrome. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.
- <i>Conjugate (Preferred)</i>	2-55 years (data for revaccination pending).		
- <i>Polysaccharide (Acceptable alternative if conjugate not available)</i>	Over 2 years of age, repeat every 3-5 yrs if increased risk continues.		

**Other recommendations:**

\*\*Combined hepatitis A and B vaccines may be given as a series of 3 doses (given at 0, 1-2 mo., and 6-12 mo.) for 18 years of age and older.

+Colleges may target all matriculating freshmen if targeting those in dormitories/residence halls is not feasible.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
<p><b>Influenza</b></p> <p>- Trivalent inactivated influenza vaccine (TIV)</p> <p>- Live attenuated influenza vaccine (LAIV; licensed for healthy, nonpregnant persons age 2-49 years).</p>	Annually	<p>College students at high risk of complications from the flu such as diabetics, asthmatics, or patients with certain immunodeficiencies; students with contact with a high-risk individual; and any student who wants to minimize disruption of routine activities during epidemics.</p> <p>Health sciences students with patient contact.</p>	History of hypersensitivity to any of the components of the vaccine.
<p><b>Pneumococcal Polysaccharide Vaccine-23 valent</b></p>	Childhood, adolescence, adulthood	<p>Young adults with certain medical conditions: chronic pulmonary disease (excluding asthma); chronic cardiovascular disease; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g. cirrhosis); chronic alcoholism, chronic renal failure, or nephrotic syndrome; functional or anatomic asplenia (e.g. sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible. Other indications: Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term care facilities. One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g. sickle cell disease or splenectomy); or immunosuppressive conditions. For persons aged <math>\geq 65</math> years, one-time revaccination if they were vaccinated <math>\geq 5</math> years previously and were aged <math>&lt;65</math> years at the time of primary vaccination.</p>	History of hypersensitivity to any of the components of the vaccine.

**Other recommendations:**

Immunization requirements and recommendations for international travel may vary, depending on personal medical history and travel destination. Anyone anticipating international travel should contact a health care provider for specific information.

# SAMPLE IMMUNIZATION RECORD

**This is a SAMPLE immunization record form. If reproduced for use by a college or university health center, please insert your health center's contact information. This form should not be returned to ACHA.**

## PART I

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

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

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

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

Status Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_ Professional \_\_\_\_\_

## PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

*All information must be in English.*

### A. M.M.R. (MEASLES, MUMPS, RUBELLA)

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

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

### B. 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   /  /   M D Y #2   /  /   M D Y #3   /  /   M D Y
2. IPV/OPV sequential: IPV #1   /  /   M D Y IPV #2   /  /   M D Y OPV #3   /  /   M D Y OPV #4   /  /   M D Y
3. IPV alone (injected Salk four doses): #1   /  /   M D Y #2   /  /   M D Y #3   /  /   M D Y #4   /  /   M D Y

### C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes \_\_\_\_\_ No \_\_\_\_\_ or Birth in U.S. before 1980 Yes \_\_\_\_\_ No \_\_\_\_\_
2. Varicella antibody   /  /   M D Y Result: Reactive \_\_\_\_\_ Non-reactive \_\_\_\_\_
3. Immunization
  - a. Dose #1 ..... #1   /  /   M D Y
  - b. Dose #2 given at least 12 weeks after first dose ages 1-12 years #2   /  /   M D Y and at least 4 weeks after first dose if age 13 years or older.

### D. TETANUS-DIPHTHERIA-PERTUSSIS

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details)

1. Primary series of four doses with DTaP, DTP, DT, or Td:  
#1   /  /   M D Y #2   /  /   M D Y #3   /  /   M D Y #4   /  /   M D Y
2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible). ....   /  /   M D Y
3. Booster: Td within the last ten years. ....   /  /   M D Y

(continued)

# SAMPLE IMMUNIZATION RECORD (CONTD.)

## E. QUADRIVALENT HUMAN PAPILOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)

Immunization (HPV)

a. Dose #1  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       b. Dose #2  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       c. Dose #3  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

## F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$        $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$        $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$        $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$        $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$   
TIV \_\_\_ LAIV \_\_\_      TIV \_\_\_ LAIV \_\_\_      TIV \_\_\_ LAIV \_\_\_      TIV \_\_\_ LAIV \_\_\_      TIV \_\_\_ LAIV \_\_\_

## G. HEPATITIS A

1. Immunization (hepatitis A)

a. Dose #1  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       b. Dose #2  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       b. Dose #2  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       c. Dose #3  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

## H. HEPATITIS B

(All college and health sciences students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

a. Dose #1  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       b. Dose #2  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       c. Dose #3  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$   
Adult formulation \_\_\_ Child formulation \_\_\_      Adult formulation \_\_\_ Child formulation \_\_\_      Adult formulation \_\_\_ Child formulation \_\_\_

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       b. Dose #2  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$       c. Dose #3  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

3. Hepatitis B surface antibody      Date  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Result: Reactive \_\_\_ Non-reactive \_\_\_

## I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.)

Date  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

## J. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetavalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Tetavalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):

Date  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$        $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

# SAMPLE IMMUNIZATION RECORD (CONTD.)

## K. TUBERCULOSIS (TB) SCREENING/TESTING <sup>1</sup>

**Please answer the following questions:**

Have you ever had a positive TB skin test? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had close contact with anyone who was sick with TB? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? \* Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please circle            the country)

Have you ever traveled\*\* to/in one or more of the countries listed below? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please check  the country/ies)

Have you ever been vaccinated with BCG? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*future CDC updates may eliminate the 5 year time frame*

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

Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent &	Uzbekistan
Burkina Faso	Guinea	Mexico	The Grenadines	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Venezuela
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia	Viet Nam
Cameroon	Haiti	Mongolia	Senegal	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Seychelles	W. Bank & Gaza Strip
Central African Rep.	India	Morocco	Sierra Leone	Yemen
Chad	Indonesia	Mozambique	Singapore	Zambia
China	Iran	Myanmar	Solomon Islands	Zimbabwe
Colombia	Iraq	Namibia	Somalia	
Comoros	Japan	Nauru	South Africa	
Congo	Kazakhstan	Nepal	Spain	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to [www.who.int/globalatlas/dataQuery/default.asp](http://www.who.int/globalatlas/dataQuery/default.asp)

**If the answer is YES to any of the above questions,** \_\_\_\_\_ requires that a health care provider complete a tuberculosis risk assessment (to be completed within 6 months prior to the start of classes).  
Insert the name of your college/university

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

<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 [www.acha.org](http://www.acha.org).

# SAMPLE IMMUNIZATION RECORD (CONTD.)

## TUBERCULOSIS (TB) RISK ASSESSMENT

Persons with any of the following risk factors are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

Recent close contact with someone with infectious TB disease Yes \_\_\_\_\_ No \_\_\_\_\_

Foreign-born from (or travel\* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease Yes \_\_\_\_\_ No \_\_\_\_\_

HIV/AIDS Yes \_\_\_\_\_ No \_\_\_\_\_

Organ transplant recipient Yes \_\_\_\_\_ No \_\_\_\_\_

Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF- $\alpha$  antagonist) Yes \_\_\_\_\_ No \_\_\_\_\_

History of illicit drug use Yes \_\_\_\_\_ No \_\_\_\_\_

Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities) Yes \_\_\_\_\_ No \_\_\_\_\_

Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)] Yes \_\_\_\_\_ No \_\_\_\_\_

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

1. Does the student have signs or symptoms of active tuberculosis disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, proceed to 2 or 3. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0".

The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Read: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
M D Y M D Y

Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_\_\_ negative \_\_\_\_\_

Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Read: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
M D Y M D Y

Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_\_\_ negative \_\_\_\_\_

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (specify method) QFT-G QFT-GIT other \_\_\_\_\_  
M D Y

Result: negative \_\_\_\_\_ positive \_\_\_\_\_ intermediate \_\_\_\_\_

Date Obtained: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (specify method) QFT-G QFT-GIT other \_\_\_\_\_  
M D Y

Result: negative \_\_\_\_\_ positive \_\_\_\_\_ intermediate \_\_\_\_\_

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

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

### \*\*Interpretation guidelines

#### >5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- $\alpha$  antagonist
- Persons with HIV/AIDS

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

#### >10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant\* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

#### >15 mm is positive:

- Persons with no known risk factors for TB disease

## HEALTH CARE PROVIDER

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

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