RESIDENTIAL LIVING
PIEDMONT UNIVERSITY

HEALTH SERVICES IMMUNIZATION RECORD

This form must be submitted by all students who choose to live on campus.

REQUIRED IMMUNIZATIONS for all residential students and is to be completed by a healthcare provider

Student Name: _____ _____ _____
Last First Middle

Gender : _____ Birthday: _____
Month/Day/Year

MMR (Measles, Mumps, Rubella): Two doses are required for persons born after January 1, 1957.
Dose 1 given at age 12 months or later # 1 dose date: ____/____/____
Dose 2 given at least 28 days after first dose # 2 dose date: ____/___/_____

TETANUS-DIPTHERIA: Tdap booster recommended for ages 11-64 unless contraindicated, must be within last 10 years:
Date of most recent booster dose: _____/_____/_____ Type of most recent booster: Td _____ Tdap _____

VARICELLA (chicken pox): Two doses of vaccine or history of disease.
Date of 1st dose: ___/__/___ Date of 2nd dose: ____/____/___ or history of disease - Year: _____

MENINGOCOCCAL (MCV4 is required): Please Note, this must be within last 5 years
Date of Vaccine: ___/____/_____
Date of Booster shot: ___/____/_____

TB SCREENING: (choose one method of testing) Please note, test results must be within last 3 months.

1. **Tuberculin Skin Test (TST):** (TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration, writes "0".

   Date Given: ____/____/_____ Date Read: ____/_____/_____ (**must** be within 48-72 hours)
   mm dd yyyy mm dd yyyy

   Result: _____ mm **Interpretation:** POSITIVE____ NEGATIVE _____ (based on mm of induration as well as risk factors)

2. **Interferon Gamma Release Assay (IGRA)** Date given ___/___/___ (specify method by circling one) QFT-G / QFT-GIT / T-Spot / _____ (OTHER)

3. **Chest x-ray: (Required if TST or IGRA is positive)** Date of chest x-ray: ____/____/____ Result: Normal _____ Abnormal _____

Signature of Healthcare Provider: _____ Date:_____

Printed Name and title of Health Care Provider: _____

Address:_____

Phone:_____ Fax:_____

Upon completion, this form may be faxed to Stephanie Hudgens at 706-776-0132 or emailed to studentservices@piedmont.edu.