



NURSING STUDENT IMMUNIZATION HISTORY & EMERGENCY INFORMATION

Name _____
First Name Last Name

Address _____
Street City State Zip

Date of Birth / / Gender (circle one): Male Female Trans Starting Semester and Year _____
M D Y

Status: Freshman _____ Transfer _____ ESL _____ Graduate _____

International Students: Home Country _____

The following information will be used for emergency use only:

Emergency contact name and phone number _____

Health insurance _____
Company Subscriber Name and Date of Birth Group Number

Health insurance is required by the University. The completion of this form DOES NOT waive the mandatory health insurance requirement with the University. Students who have satisfactory personal health insurance coverage must submit an online waiver by the designated day of each semester to Student Financial Services - Student Accounts, OM 250, 360-438-4389.

Please complete as applicable. Use the back of the form if necessary.

Medical History _____
Allergies Medications

_____ Medical Concerns/Previous Surgeries

A COPY OF YOUR IMMUNIZATION RECORDS IS REQUIRED. DO NOT SEND ORIGINALS.

Saint Martin's University follows immunization requirement recommendations from the Center for Disease Control (www.cdc.gov), the American College Health Association (www.acha.org) and state and local Public Health Departments. University students are at greater risk for contracting a variety of diseases. If you do not have recommended protection, in the event of an outbreak, you would be asked to leave campus.

The requirement applies to all new undergraduate and graduate students born on or after January 1, 1957. To meet the requirement you need to complete and sign this form and document one of the options below. The MMR or meningitis vaccines may be obtained at the SMU Student Health Center upon request (healthcenter@stmartin.edu).

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS LIVING IN THE RESIDENCE HALLS

MENINGOCOCCAL QUADRIVALENT

(A, C, Y, W-135) One or 2 doses for all college students living in the residence halls – revaccinate every 5 years if increased risk continues.

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

Health Science Initial Immunization Record

Student Name: _____ ID#: _____

Influenza Vaccine: 1 dose Quadrivalent (required annually – document most recent).				
Mo./day/year				
Tetanus/Diphtheria/Pertussis: 1 dose of adult TDaP from within the last 10 years.				
TDaP booster must have one documented	Mo./day/year			
Measles/Mumps/Rubella: 2 doses of MMR at least 28 days apart after 12 months of age OR 2 doses of Measles and 2 doses of Mumps at least 28 days apart after 12 months of age and 1 dose of Rubella after 12 months of age OR laboratory proof of immunity (blood titer) to measles/mumps/rubella. If titers are negative or equivocal, administer MMR series with doses at least 28 days apart. No titer is required after series completion.				
MMR 2 required on or after 1st birthday	(#1) Mo./day/year	(#2) Mo./day/year		
OR				
Measles 2 required on or after first birthday	(#1) Mo./day/year	(#2) Mo./day/year		
Mumps 2 required on or after first birthday	(#1) Mo./day/year	(#2) Mo./day/year		
Rubella 1 required on or after first birthday	Mo./day/year			
OR				
MMR Titer must attach laboratory results	Date of Titer	Result		
Varicella: 2 doses of Varicella at least 4 weeks apart OR laboratory proof of immunity to varicella. If titer is negative or equivocal, administer Varicella series with doses at least 4 weeks apart. No titer is required after series.				
Varicella 2 doses	(#1) Mo./day/year	(#2) Mo./day/year		
OR				
Varicella Titer must attach laboratory results	Date of Titer	Result		
Hepatitis B: 3 doses of hepatitis B vaccines and a positive (≥ 10 mIU/mL) serological quantitative hepatitis B surface antibody titer (HBsAb) 1-2 months after the date of the last vaccine is considered proof of lifelong immunity. If series was completed in the remote past, and if the titer checked upon matriculation is negative, student will get 1 hepatitis B vaccine dose (#4) and re-titer at least 1-2 months after vaccine. If the second titer is negative, student will get 2 additional hepatitis B vaccines (#5 and #6) per the standard schedule. A final titer should be done 1-2 months after the 6th vaccine and if this is negative, the student should be considered a non-responder and evaluated and counseled appropriately. Those students recently vaccinated with a negative titer after the 3 rd dose can receive a second series with a re-titer 1-2 months after the 6 th dose. Non-responders should be counseled and evaluated appropriately.				
Hepatitis B Series 2 or 3 doses required depending on vaccine formulation	(#1) mo./day/year	(#2) mo./day/year	(#3) mo./day/year	
	Adult formulation ____ Child formulation ____ HepB-CpG (HepB-CpG) ____	Adult formulation ____ Child formulation ____ HepB-CpG (HepB-CpG) ____	Adult formulation ____ Child formulation ____ HepB-CpG (HepB-CpG) ____	
	Date of Titer			
	Result			
Hepatitis B Quantitative Titer must attach laboratory results				
Hepatitis B Series Repeat	(#1) mo./day/year	(#2) mo./day/year	(#3) mo./day/year	
Hepatitis B <u>Quantitative</u> Titer Repeat must attach laboratory results	Date of Titer			
	Result			
Tuberculin Skin Test (TST) or IGRA: 2 TSTs placed within the last 12 months within the United States. The 2 nd TST must be placed at least 1 week AFTER the 1 st TST read date.				
2 Step TST placed within the past 12 months	1 st TST Place date	1 st TST Read Date	2 nd TST Place Date	2 nd TST Read date
OR				
IGRA TB Screening must attach laboratory results ___ T-Spot ___ Quantiferon Gold	Date of IGRA			
	Result			

Name _____
First Name Last Name

Saint Martin's University Health Center Consent and Decree
THIS DOCUMENT HAS LEGAL SIGNIFICANCE. PLEASE READ CAREFULLY.

Saint Martin's University will keep your medical records confidential to the extent allowed by law and the records will only be used for the provision of health care services. You, as the students, must inform Residence Hall staff or other University personnel (i.e. physical education instructors or athletic coaches) of any medical condition that you have that could be of concern while you are attending SMU. Furthermore, you are responsible for wearing a MedicAlert bracelet, necklace or similar device to warn health care providers of your diabetes, hemophilia, heart disease, seizure disorder, drug allergies, or other significant medical conditions.

In the event SMU is required to rely on this consent to authorize necessary medical care and treatment for the student, the undersigned, individually and jointly, agree to indemnify and hold SMU harmless for the costs incurred for said emergency care and treatment, including reasonable attorney fees and costs incurred in defending and/or instituting a suit to recover said medical expenses.

Forms MUST be completed fully and accurately with necessary documentation attached and be on record at the Student Health Center or a HOLD will be placed on the student's account after the last day of the add/drop period.

As an SMU student, I consent to any medical or surgical treatment in the event of a medical emergency as confirmed by an attending physician or other medical professional at the SMU Student Health Center. If I am under 18 years of age, SMU will attempt to contact the undersigned parent or guardian for approval before relying on this consent. In addition, I must personally consent to said medical procedures if I am physically and emotionally capable of consenting at the time such treatment is required.

I declare, under penalty of perjury under laws of the State of Washington, that the foregoing is true and correct.

SIGNATURE **DATE**
(Please PRINT and SIGN your name)

PARENT OR GUARDIAN SIGNATURE **DATE**
(Required if student is under 18 years of age)