



IMMUNIZATION CERTIFICATE

Last Name _____

First Name _____

Date of Birth _____

Bison ID# _____

DIRECTIONS

- **HEALTH SCIENCE MAJORS-** UNDERGRADUATE NURSING, COLLEGE OF DENISTRY, COLLEGE OF MEDICINE, COLLEGE OF NURSING/ALLIED HEALTH AND COLLEGE OF PHARMACY
ALL HEALTH SCIENCE MAJORS ARE REQUIRED TO COMPLETE QUANTITATIVE TITER LABWORK REPORTS WITH REFERENCE RANGES FOR MMR, HEPATITIS B AND VARICELLA TO SHOW IMMUNITY TO CHILDHOOD VACCINATIONS EVEN IF THEY RECEIVED THE VACCINATIONS AS A CHILD. BOOSTER IS REQUIRED FOR LOW IMMUNITY. IMMUZATION HISTORY IS REQUIRED FOR ALL AGES AS A HEALTH SCIENCE MAJOR.
- **ALL STUDENTS UNDER 26-**PLEASE MAKE SURE YOUR IMMUNIZATION CERTIFICATE IS FILLED OUT WITH ALL REQUIRED VACCINATIONS BELOW AND SIGNED BY YOUR HEALTH CARE PROVIDER. UPLOAD AND INPUT YOUR VACCINATIONS INTO THE STUDENT HEALTH PORTAL ONCE COMPLETED. [HTTPS://HOWARD.STUDENTHEALTHPORTAL.COM](https://howard.studenthealthportal.com)

VACCINATION	DATE 1 MM/DD/YY	DATE 2 MM/DD/YY	DATE 3 MM/DD/YY	DATE 4 MM/DD/YY	DATE 5 MM/DD/YY
MMR					
HEPATITIS B					
VARICELLA					
MENINGOCOCCAL (AFTER AGE 16)					
TDAP-BOOSTER (Within 10 yrs.)					
POLIO (UNDER 18)					
OPTIONAL VACCINATIONS	DATE 1 MM/DD/YY	DATE 2 MM/DD/YY	DATE 3 MM/DD/YY	DATE 4 MM/DD/YY	DATE 5 MM/DD/YY
MENINGOCOCCAL B					
COVID-19					

LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL	SIGNATURE DATE	PRINTED NAME
NPI NUMBER (NOT REQUIRED FOR US SERVICE MEMBERS OR INTERNATIONAL STUDENTS)	OFFICE PHONE NUMBER	NPI NAME OF HEALTH CARE PROFESSIONAL

OFFICE STAMP



Tuberculosis (TB) Screening Questionnaire

All Incoming Students should complete

Student Health Center

Name	Student ID	Date of Birth	Today's Date
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Please answer the following questions by indicating Yes or No:	YES	NO
Have you ever had a positive TB skin test?		
Have you ever been vaccinated with BCG?		
Have you ever had close contact with persons known or suspected to have active TB disease?		
Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If YES, please CIRCLE the country, below)		
Have you had frequent or prolonged visits* to one or more of the countries or territories listed below with a high prevalence of TB disease? (If yes, please CHECK the country/territory)		
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, homeless shelters)?		
Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?		
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?		

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

If any of the questions were answered "YES" one of the following Tuberculosis tests is required. Please enter results below and upload lab work to your student patient portal (<https://howard.studenthealthportal.com>).

TB SKIN PPD
Placed: _____
Read: _____
Actual induration in MM only _____

QuantIFERON-TB GOLD	RESULTS
Collection Date _____	<input type="radio"/> POSITIVE
Resulted Date _____	<input type="radio"/> NEGATIVE

Chest X-Ray	RESULTS
Test Date _____	<input type="radio"/> POSITIVE
	<input type="radio"/> NEGATIVE

PHYSICIAN SIGNATURE _____