



## Student Health Center Mandatory Immunization Information

*Please read these instructions carefully. District of Columbia immunization requirements differ from other states and countries and even though you may have met your high school or undergraduate institutions requirements, you may not meet the requirements in the District of Columbia.*

*You must submit your immunization records on the Mandatory Immunization Form. We will not accept copies of immunization records from doctor's offices, previous institutions, or travel vaccination cards.*

The District of Columbia Immunization Law requires that *all students, under age 26 and no matter how many credit hours they are enrolled in*, provide proof of the immunizations listed on the AU Mandatory Immunization Form.

*If you have received immunizations that do not fall into the immunization schedule (for instance receiving an immunization a week early) you will need to either repeat the immunization or provide titer results showing immunity.*

In order to avoid delays, please see your healthcare provider as soon as possible to complete this form and to get any required immunizations. If for some reason you are unable to complete the immunization requirements before arriving on campus, the student health center can assist you in meeting these requirements. Please bring your available immunization records and the Mandatory Health Form when you visit.

### REQUEST FOR MEDICAL OR RELIGIOUS EXEMPTION

Religious exemption is allowed if the responsible person objects in good faith and in writing that the immunizations violate his/her religious beliefs. The letter should be addressed to the President of American University as the head of the institution.

Medical exemption is allowed if a physician provides a detailed letter indicating that immunizations are medically inadvisable.

### SUBMISSION DEADLINES

Washington DC law mandates that no student shall be admitted by a school unless the school has certification of immunization for that student. All required students must have their completed AU Mandatory Immunization Form submitted to the Student Health Center by July 15. The deadline for the spring semester is January 1. Students who fail to submit their mandatory immunization form will have a stop placed on their student account that will prevent them from registering for future semesters.

### SUBMITTING THE MANDATORY IMMUNIZATION FORM

Immunization forms must be submitted on the American University immunization form and can only be submitted by one of the methods below. Immunization records not submitted on the Mandatory Immunization Form will not be accepted.

Records must be in English or accompanied by a notarized English translation. Please submit documents as a PDF. Camera phone pictures will not be accepted.

- Students can upload a copy of the immunization record by logging onto the Student Health Center portal at <https://american.studenthealthportal.com>
- The completed/signed/stamped form can be submitted via an email attachment to [immunizations@american.edu](mailto:immunizations@american.edu). We are not able to accept camera photos of the immunization form.

Once your immunization records have been received and entered, we will send a secure message to your student health portal. You can access your student health portal by visiting <https://american.studenthealthportal.com>

**\*The University does not require physicals as a prematriculation requirement.\***

# AMERICAN UNIVERSITY MANDATORY IMMUNIZATION FORM

ALL IMMUNIZATIONS MUST BE SUBMITTED ON THIS FORM. FORMS CONTAINING INCOMPLETE IMMUNIZATIONS OR INVALID DATES WILL BE NOT BE ACCEPTED. IMMUNIZATIONS THAT ARE DUE AFTER YOU ARRIVE ON CAMPUS CAN BE COMPLETED AT THE STUDENT HEALTH CENTER.

<b>Last Name</b>	<b>First Name</b>	
<b>AUID Number</b>	<b>Year and Semester of Entry</b>	<b>Date of Birth (MM/DD/YYYY)</b>

All dates should be recorded in the mm/dd/yyyy format.  
Vaccine doses administered up to 4 days before minimum interval or age are counted as valid.

<b>Hepatitis B #1</b> ___/___/___ <b>Hepatitis B #2</b> ___/___/___ (Given at least 4 weeks after Dose 1) <b>Hepatitis B #3</b> ___/___/___ (Given at least 6 months after Dose 1 and 5 months after Dose 2) -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.
For students living on campus or in university sponsored housing and should have been administered after a students' 16 <sup>th</sup> birthday: <b>Meningococcal</b> ___/___/___    ___ Menactra    ___ Menomune -or- Attached Meningitis Waiver. Can also be found on the Forms section of the Student Health Center Web site.
<b>MMR #1</b> ___/___/___ (Given after 1 year of age) <b>MMR#2</b> ___/___/___ (Given at least 30 days after Dose 1) -or- Measles #1 ___/___/___                      Measles#2 ___/___/___ Mumps #1 ___/___/___                      Mumps #2 ___/___/___ Rubella #1 ___/___/___                      Rubella #2 ___/___/___ -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.
<b>Tetanus/Diphtheria</b> ___/___/___ -or- <b>Tetanus/Diphtheria/Pertussis</b> ___/___/___ (Given in the last ten years and must be current while the students is enrolled in the University)
<b>Varicella #1</b> ___/___/___ (Given after 1 year of age) <b>Varicella #2</b> ___/___/___ (Given at least 30 days after Dose 1) -or- <b>History of Disease</b> ___/___ (month/year) Documented by a Medical Provider -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.
<b>Additional Requirement for Students 17 and under:</b> <b>Polio#1</b> ___/___/___ <b>Polio #2</b> ___/___/___ <b>Polio #3</b> ___/___/___ <b>Polio #4</b> ___/___/___ -or- Attached lab report showing positive immunity

Healthcare Provider Signature/Title

Date

OFFICE STAMP of SIGNING CLINICIAN  
An Office stamp must be used to validate this form

**American University**  
**Student Health Center**  
**Information about Meningococcal Disease and Vaccination and**  
**Waiver Form for First Year Students and Students Who Reside in University Housing**

District of Columbia municipal regulations mandate each first-year student enrolled in a school of post-secondary education in the District of Columbia and living, or who may live, in on-campus student housing to receive one (1) dose of meningococcal vaccine.

The regulation provides an **exemption** for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this **exemption** you are required to review the information below and sign the waiver at the end of this document. Please note if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

**Meningococcal Disease Facts**

- Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).
- College freshmen, particularly those living in residence halls, have a modestly increased risk of getting the disease compared with other persons the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low.
- Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable.
- Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.
- Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures.
- The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.
- There is a vaccine available that can protect you from 4 of the 5 most common types of meningococcal bacteria. The vaccine lasts for 3-5 years. Vaccination may decrease the risk of meningococcal disease; however it does not eliminate the risk because the vaccine does not prevent against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine-preventable.
- The vaccine is available through private providers, travel clinics, health departments, and the Student Health Center at American University.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

# Waiver for Meningococcal Vaccination Requirement

## By signing below, I state that:

I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and applying for this waiver on his/her behalf.

I have received and reviewed the information provided by American University on the risks of contracting meningococcal disease and the availability and effectiveness of meningococcal vaccine.

I understand that District of Columbia law requires newly enrolled students at colleges and universities who are living in residence halls to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials identified above, I have voluntarily decided to refuse the meningococcal vaccine on my own behalf or on the behalf of the student identified below if his/her is less than eighteen (18) years of age.

I understand that if I reconsider my decision, I may return to the Student Health Center to receive the vaccine.

I hereby release American University, its employees from all responsible for any consequences of my decision.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Student is under the age of eighteen (18), signature of parent or legal guardian: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## RECOMMENDED: TUBERCULOSIS SCREENING

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?(If yes, please CIRCLE the country) Yes  No

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

Have you ever been vaccinated with BCG?  Yes  No

If you answered yes to any of the Tuberculosis screening questions, American University recommends that you have a Tuberculin Skin Test (TST) at the Student Health Center when you arrive on campus.

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



**American University**

**Student Health Center**

**Consent to Treat Minor Patients**

District of Columbia law requires consent of a parent / legal guardian for medical care of minors. If your son or daughter is enrolled at American University prior to his / her eighteenth birthday and they seek care at the Student Health Center, you must complete and return the following consent to:

Student Health Center  
American University  
4400 Massachusetts Avenue, NW  
Washington, DC 20016-8036

**Consent for Medical Treatment**

I, \_\_\_\_\_ (print name here), am the parent/legal guardian of

\_\_\_\_\_ (print name of student), currently a minor, whose date of birth is \_\_\_/\_\_\_/\_\_\_

and whose 7 digit AUID number is \_\_\_\_\_ and is under the age of 18.

I authorize the American University Student Health Center to provide medical care to my son/daughter, including, but not limited to diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment.

I understand that once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling the Student Health Center at 202.885.3380.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Phone: Home ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_