



Student Health Center

2013-2014 Mandatory Immunization Information

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 provide titer results showing immunity.

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 or ethical beliefs. Medical exemption is allowed if a physician or health care provider deems an immunization medically inadvisable. **Students who wish to be exempt due to religious or medical reasons must submit this form as well as a notarized letter from a medical provider or religious clergy which states the need for exemption.**

SUBMISSION DEADLINES

A stop will be placed on any student's account if they have not submitted the AU Mandatory Immunization Form 60 days after the beginning of their 1st semester at AU.

Students should submit the AU Mandatory Immunization Form prior to the 60 days deadline even if their record is still noncompliant.

A stop will be placed on any student's account if they are not compliant with AU and Washington DC immunization requirements prior to end of their 1st semester at AU.

SUBMITTING THE MANDATORY IMMUNIZATION FORM

Please follow the instructions online at <http://www.american.edu/ocl/healthcenter/Immunization-FAQs.cfm> to enter your immunizations online.

Once you have completed entering all of the required immunizations, please keep a copy of the attached form for your records, and submit the AU Mandatory Immunization Form via either of the methods listed below.

- The completed/signed/stamped form can be submitted via an email attachment to shc@american.edu.
- The completed/signed/stamped form can be mailed to the following address:

The Student Health Center **will not** accept immunization records other than the completed/signed/stamped AU Mandatory Immunization Form.

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

Please do not fax the records as they often become illegible during fax transmission.

The University does not require physicals as a prematriculation requirement.

AMERICAN UNIVERSITY
2013-2014 MANDATORY IMMUNIZATION FORM

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.

To be completed by the American University Student.			
Last Name	First Name	Initial	AUID Number
Date of Birth (MM/DD/YYYY)			Home Phone Number
Email Address			Semester and Year of Entry
To be completed by the medical provider.			
Tetanus/Diphtheria ____/____/____ (Booster in the last 10 years.)			
-or-			
Tetanus/Diphtheria/Pertussis ____/____/____ (Booster in the last 10 years.)			
MMR #1 ____/____/____ (Must be after 12 months of age) MMR#2 ____/____/____ (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.			
Hepatitis B #1 ____/____/____ Hepatitis B #2 ____/____/____ (Given at least 30 days after Dose 1)			
Hepatitis B #3 ____/____/____ (Given 4 months after Dose 2)			
-or-			
Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.			
Varicella #1 ____/____/____ Varicella #2 ____/____/____ (Given at least 30 days after Dose 1)			
-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:			
Meningococcal ____/____/____ Menactra ____ Menomune			
-or-			
Attached Meningitis Waiver. Can also be found on the Forms section of the Student Health Center Web site.			
Additional Requirement for Students 17 and under:			
Polio#1 ____/____/____ Polio #2 ____/____/____ Polio #3 ____/____/____			
-or-			
Attached lab report showing positive immunity			

Healthcare Provider Signature/Title _____

Date _____

OFFICE STAMP

An Office stamp must be used to validate this form

 For Office Use Only: Entered By: Student Staff Initials: _____ Compliant Verified

Noncompliant: TD/TDap MMR HepB Varicella Meningococcal Polio

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



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 ___/_____/_____.

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 () _____