



AMERICAN UNIVERSITY
WASHINGTON, DC

Student Health Center

2014-2015 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 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 August 16, 2014.

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 one of the methods listed below.

- The completed/signed/stamped form can be submitted via an email attachment to immunizations@american.edu.
- The completed/signed/stamped form can be faxed to **(202) 885-1222**.
- The completed/signed/stamped form can be mailed to the following address:

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

The University does not require physicals as a prematriculation requirement.

AMERICAN UNIVERSITY
2014-2015 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 ____/____/____ (Given in the last 10 years.)			
-or-			
Tetanus/Diphtheria/Pertussis ____/____/____ (Given in the last 10 years.)			
MMR #1 ____/____/____ (Given after 1 year 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 4 weeks after Dose 1)			
Hepatitis B #3 ____/____/____ (Given at least 16 weeks after Dose 1 and 8 weeks 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-			
History of Disease ____/____ (month/year)			
-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 of SIGNING CLINICIAN
 An Office stamp must be used to validate this form

 For AU SHC 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).



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 () _____