

## 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 <a href="http://www.american.edu/ocl/healthcenter/lmmunization-FAQs.cfm">http://www.american.edu/ocl/healthcenter/lmmunization-FAQs.cfm</a> 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 Am	erican University Stu	udent.	
Last Name	First Name	Initial	AUID Number
	<u> </u>		
Date of Birth (MM/DD/YYYY)	)		Home Phone Number
Email Address			Semester and Year of Entry
Eman Address			ochiester and real or Entry
To be completed by the med	dical provider.		
Tetanus/Diphtheria/		(Given in the	e last 10 years.)
-or-			
Tetanus/Diphtheria/Pertuss	is//	(G	Siven in the last 10 years.)
MARD #4 / / / / / / / / / / / / / / / / / /	N	\ MAND #0	(0' 100 100 100
	ilven atter 1 year of ac	ge) MMR#2	/(Given at least 30 days after Dose 1)
-or- Measles #1//	Measles#2	/ /	
Wedsies #1/	IVICASICS#Z	//	
Mumps #1//	Mumps #2	/ /	
Rubella #1//	Rubella #2	//	
-or-			
			accompanied by a lab report showing positive immunity.
Hepatitis B #1//	_ Hepatitis B #2	_//	_ (Given at least 4 weeks after Dose 1)
Henatitis R #3 / /	(Given at least 16 v	weeks after	Dose 1 and 8 weeks after Dose 2)
-or-	_ (Given at least 10 v	weeks after i	Dose I and 6 weeks after Dose 2)
Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.			
Varicella #1//			(Given at least 30 days after Dose 1)
-or-			
History of Disease/ (month/year)			
-or-			
			accompanied by a lab report showing positive immunity.
For students living on campus or in university sponsored housing:  Meningococcal/ MenactraMenomune			
-or-	ivieri	aciia	ivierioriturie
*·	Can also be found on t	the Forms s	ection of the Student Health Center Web site.
Additional Requirement for			
Polio#1/			Polio #3/
-or-			
Attached lab report showing p	ositive immunity		
Healthcare Provider Signa	ature/Title		Date
OFFICE STAMP of SIGNING CLINICIAN			
	An Office sta	mp must b	e used to validate this form
For All SHC Office II			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 emp	loyees from all responsible for any	consequences of my decision.		
Student Name:	Date of Birth:	Date of Birth:		
Student ID:				
Student Signature:	ignature of parent or legal guardia	Date: n:		
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)  $\square$  Yes  $\square$  No Have you ever been vaccinated with BCG?  $\square$  Yes  $\square$  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	Thailand
Algeria	Cameroon	Gabon	Kyrgyzstan	Myanmar	Federation	Timor-Leste
Angola	Cape Verde	Gambia	Lao PDR	Namibia	Rwanda	Togo
Anguilla	Central African	Georgia	Latvia	Nauru	St. Vincent &	Tokelau
Argentina	Rep.	Ghana	Lesotho	Nepal	The Grenadines	Tonga
Armenia	Chad	Guam	Liberia	New Caledonia	Sao Tome &	Tunisia
Azerbaijan	China	Guatemala	Lithuania	Nicaragua	Principe	Turkey
Bahamas	Colombia	Guinea	Macedonia-	Niger	Saudi Arabia	Turkmenistan
Bahrain	Comoros	Guinea-	TFYR	Nigeria	Senegal	Tuvalu
Bangladesh	Congo	Bissau	Madagascar	Niue	Seychelles	Uganda
Belarus	Congo DR	Guyana	Malawi	N. Mariana Isl	Sierra Leone	Ukraine
Belize	Cote d'Ivoire	Haiti	Malaysia	Pakistan	Singapore	Uruguay
Benin	Croatia	Honduras	Maldives	Palau	Solomon Islands	Uzbekistan
Bhutan	Djibouti	India	Mali	Panama	Somalia	Vanuatu
Bolivia	Dominican	Indonesia	Marshall	Papua New	South Africa	Venezuela
Bosnia &	Republic	Iran	Islands	Guinea	Spain	Viet Nam
Herzegovina	Ecuador	Iraq	Mauritania	Paraguay	Sri Lanka	Wallis & Futuna
Botswana	Egypt	Japan	Mauritius	Peru	Sudan	Isl
Brazil	El Salvador	Kazakhstan	Mexico	Philippines	Suriname	W. Bank & Gaza
Brunei	Equatorial	Kenya	Micronesia	Poland	Syrian Arab	Strip
Darussalam	Guinea	Kiribati	Moldova-Rep.	Portugal	Republic	Yemen
Bulgaria	Eritrea	Korea-DPR	Mongolia	Qatar	Swaziland	Zambia
Burkina Faso	Estonia	Korea-	Montenegro	Romania	Tajikistan	Zimbabwe
Burundi	Ethiopia Fiji	Republic	Morocco		Tanzania-UR	
	).					



# 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**

l,		(print name he	ere), am the parent/legal guardian of
		(print name of	f student), currently a minor, whose date of birth is//
	examinations (inc	cluding laboratory	nter to provide medical care to my son/daughter, including, but not testing), tuberculosis screening, verification and/or administration of
I understand that once	e my child reach	nes the age of majo	jority, my consent for treatment is no longer required.
, , ,	•		t I understand this consent, and that any questions I had prior to the center at 202.885.3380.
0:			
Signature			Date
Emergency Phone:	Home (	)	Work ( )
	Cell (	)	