

# TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

## PAGE 1 OF 2

This form must be completed and signed by a health care provider.  
 Enter and upload immunizations at <https://tigerhealth.towson.edu>  
 For questions email: [healthcenter@towson.edu](mailto:healthcenter@towson.edu)

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yy): \_\_\_\_\_ TUID# \_\_\_\_\_

REQUIRED FOR ALL STUDENTS ATTENDING CLASSES ON TOWSON MAIN CAMPUS AND AFFILIATED CAMPUSES			
VACCINE	DOSE 1	DOSE 2	Alternative to vaccine:
<b>Measles-Mumps-Rubella (MMR)</b> 2 doses given on or after 1st birthday	___/___/___	___/___/___	Positive IgG titers to Measles (Rubeola), Rubella, and Mumps <b>Attach copy of titer results</b>
<b>Tetanus-Diphtheria-Pertussis (Tdap)</b> Single dose of Adult Tdap (Adacel© or Boostrix©) given at ≥ 11 yrs of age AND after 5/2005 (date of FDA licensure).	___/___/___		A Td (Tetanus-diphtheria) booster is NOT an acceptable alternative unless there is a documented medical contraindication to Pertussis vaccine. In that case, Td booster within 10 years of start of classes will be accepted. Last Td booster if Pertussis contraindicated: ___/___/___

**TUBERCULOSIS SCREENING:** All students must complete the online **Tuberculosis Exposure Risk Screening Questionnaire** found at <https://tigerhealth.towson.edu>.

**U.S. CITIZENS/PERMANENT RESIDENTS:** You must complete the online TB Exposure Risk Screening Questionnaire. If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date.  
 \*\*Note: If you were born outside the U.S. you will need the TB blood serology test. \*\*

**ALL INTERNATIONAL STUDENTS ON VISAS:** You must come to the Health Center upon arrival at Towson for TB testing. A TB test is required, regardless of prior BCG vaccination. A chest x-ray alone is not acceptable. If you have had a TB blood test performed within 6 months of arrival to Towson, bring this documentation with you. If the blood was positive bring the official chest x-ray film. If you have ever been treated for a positive TB test or active tuberculosis, bring documentation of drugs and duration of treatment. **You will not be allowed to remain in classes if you do not complete this requirement.**

### REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING

<b>Meningococcal (Meningitis)</b> (Conjugate vaccine, Menactra© or Menveo© or MenQuadfi©) Given ≥ 16yrs of age.)	___/___/___		<input type="checkbox"/> Meningococcal vaccine waiver signed (on Housing application)
---	-------------	--	---

### REQUIRED FOR NURSING AND OTHER HEALTH PROFESSIONAL STUDENTS (strongly recommended for all students)

**\*Students may also be required to receive COVID-19 vaccine and annual flu shot, please check with your program\***

VACCINE	DOSE 1	DOSE 2	DOSE 3	
<b>Varicella</b>	___/___/___	___/___/___	___/___/___	Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
<b>Polio (IPV or OPV)</b>	___/___/___	___/___/___	___/___/___	Polio booster dose of IPV acceptable if no proof of primary series: ___/___/___
<b>Hepatitis B</b>	___/___/___	___/___/___	___/___/___	Hepatitis B sAb titer : <input type="checkbox"/> Positive (Attach copy of titer results)

**CONTINUED ON NEXT PAGE**

# TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

## PAGE 2 OF 2

This form must be completed and signed by a health care provider.  
 Enter and upload immunizations at <https://tigerhealth.towson.edu>  
 For questions email: [healthcenter@towson.edu](mailto:healthcenter@towson.edu)

<b>STRONGLY RECOMMENDED FOR ALL STUDENTS</b>				
Students should be up to date on their COVID-19 vaccinations. This includes a booster dose when eligible. If conditions change and the “recommended” status of the COVID-19 vaccination changes to “mandated”, students will be notified.				
VACCINE	DOSE 1	DOSE 2	BOOSTER (if eligible)	BIVALENT BOOSTER
COVID-19 Pfizer or Moderna (circle one)	__/__/__	__/__/__	__/__/__	__/__/__
COVID-19 Johnson & Johnson	__/__/__		__/__/__	
Other WHO COVID-19 Vaccine Name: _____	__/__/__	__/__/__	__/__/__	

<b>STRONGLY RECOMMENDED FOR ALL STUDENTS</b>			
VACCINE	DOSE 1	DOSE 2	DOSE 3 (if applicable)
HPV/Gardasil (Human Papilloma Virus)	__/__/__	__/__/__	__/__/__
Serogroup B Meningococcal Vaccine Circle: Bexsero or Trumenba	__/__/__	__/__/__	__/__/__

**EXEMPTION FROM REQUIRED IMMUNIZATIONS:** Only bona fide medical and religious exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak.

**Medical Exemption:** Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent: \_\_\_\_\_

**Religious Exemption:** Student must complete and have notarized a Request for Exemption detailing religious basis of request. Form is available at the Health Center.

**HEALTH CARE PROVIDER (PRINT NAME):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEALTH CARE PROVIDER SIGNATURE:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

Your completed Mandatory Towson University Health Center Pre-Entrance Immunization Record must be **signed by your medical provider and uploaded to your student portal via <https://tigerhealth.towson.edu> by August 15, 2023.**