**BELLARMINE UNIVERSITY**

**IMMUNIZATION REQUIREMENTS**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Residential students are required to submit proof of the following immunizations before moving into the residence halls.

Students must submit either:

* The form below with the signature of the Primary Care Provider OR an official stamp of the clinic or health department
* An immunization certificate that has the official stamp of the clinic or health department (Please note!!!! Immunizations certificates rarely have a recent TB test that meets our requirements!!)

**REQUIRED IMMUNIZATIONS**

1. **Tetanus/ Diphtheria /Pertussis (TDaP)**

Last booster-within 10 yrs: \_\_\_\_ (mm/dd/yy)

1. **Polio**

Two (2) doses polio: Dose 1: \_\_\_\_\_ (mm/dd/yy) Dose 2: \_\_\_\_ (mm/dd/yy)

1. **MMR (Measles, Mumps, Rubella)**

Dose 1:\_\_\_\_\_ (mm/dd/yy) Dose 2:\_\_\_\_\_ (mm/dd/yy)

1. **Tuberculosis – Check appropriate line NOTE: *TIME SENSITIVE***

**TB MUST BE DONE WITHIN 1 YEAR OF ENTRANCE TO UNIVERSITY**

**TB tests are available in BU Health Services Clinic for $10.00 (price subject to change); students may move into residence halls with intention to receive TB test in BU clinic, with advanced notice to Health Services.**

TB/PPD/Mantoux skin test \_\_\_\_ (mm/dd/yy)

Results:  \_\_\_ Positive \_\_\_ Negative

     \_\_ Positive PPD – Chest X-ray required. Date of chest X-ray \_\_\_\_\_\_ (mm/dd/yy)         Results:  \_\_\_ Positive \_\_\_ Negative

\_\_ BCG vaccine \_\_\_\_ (mm/dd/yy)

Please provide either an authorized signature or stamp:

Primary Care Provider Signature: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Clinic Stamp:

***PLEASE CONTINUE TO NEXT PAGE.***

1. ***The following immunizations are NOT required but strongly recommended* by BU Health Services. Please see the Centers of Disease Control website** [**http://www.cdc.gov/vaccines/index.html**](http://www.cdc.gov/vaccines/index.html) **for information regarding the risk of these diseases for college aged students.**

* **Hepatitis B Vaccine (series of 3)**
* **Human Papilloma Virus Vaccine (HPV; also a series of 3)**
* **Meningococcal (MCV4 series of 2, 2nd dose at or after age 16)**

*Annual flu shots will be offered to the campus community at low cost each fall.*

***HOW DO I SUBMIT MY RECORDS?***

* Bring your hard copy to on check-in day at the Health Services table.
* Hard copies may be submitted to the Health Services Office anytime during business hours (8 AM to 5 PM M-F); The office closes at 12NN on Fridays during the summer months).
* Mail a hard copy to:

Bellarmine University Health Services

2001 Newburg Road

Louisville, KY 40205

* Email a scanned copy to: [healthservices@bellarmine.edu](mailto:healthservices@bellarmine.edu)
* Fax your scanned copy Health Services: 502.272.8048

**Questions???**

Call the Health Services Office at: 502.272.8313