



**SAINT LOUIS
UNIVERSITY™**

— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<https://www.slu.edu/life-at-slu/student-health/index.php>

REQUIRED HEALTH INFORMATION

Please Print

STUDENT NAME

BANNER ID

PERMANENT ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP

SEX

PHONE

INTENDED MAJOR IF KNOWN

INSTRUCTIONS:

1. Please read the University's Immunization Policy, which is summarized on the back of this document.
2. Complete the form as directed. Please note that the Immunization History should be completed by the health care provider and signed by a physician, or submission of a copy of the official Immunization Record from your physician's office will suffice.
3. Completed forms must be returned by:

| |
|-------------------------------|
| August 1 for Fall Semester |
| January 3 for Spring Semester |
| May 1 for Summer Semester |

AUTHORIZATION FOR RELEASE OF IMMUNIZATION DATA*

I authorize Saint Louis University to release this immunization record to public health authorities for compliance audits and/ or in the event of a health or safety emergency, and to health care providers and institutions to which I may be assigned during my educational experience if I choose a health professions related major.

STUDENT SIGNATURE

DATE

**Please note that this authorization is for the immunization record only.*



SAINT LOUIS UNIVERSITY STUDENT IMMUNIZATION REQUIREMENTS AND RECOMMENDATIONS

- 1. TETANUS, DIPHTHERIA, PERTUSSIS:** Documentation of completed primary series and a booster within the past ten years is required for all students on campus.
- 2. MEASLES, MUMPS, RUBELLA:** Documentation of two doses of MMR combined vaccine (or two doses of live measles, one dose of mumps, and one dose of rubella) separated by at least one month on or after the first birthday, or, documentation of physician-diagnosed disease or laboratory evidence of immunity is required for all students on campus. Persons who received killed mumps vaccine which was available between 1950-1978 might benefit from revaccination. Individuals who received killed measles vaccine, combination of killed and live measles vaccine, or measles vaccine of an unknown type in the period 1963-1967 are considered unvaccinated, and should receive two doses of live vaccine at least one month apart.
- 3. VARICELLA:** Documentation of two doses of live varicella vaccine separated by at least one month, or, documentation of physician-diagnosed disease or laboratory evidence of immunity is required of all students on campus born after 1980.
- 4. MENINGITIS:** Documentation of meningococcal quadrivalent (A, C, Y, W-135) vaccination is required for all students living in residence halls on campus, or a signed waiver acknowledging risks/benefits of vaccine must be submitted.
- 5. MENINGITIS B:** Serogroup B Meningococcal vaccination is not required, but we highly recommend students discuss both meningitis vaccines with their health care provider.
- 6. TUBERCULOSIS:** Tuberculosis screening is required for all students. The required tuberculosis questionnaire (page 4) will indicate if further testing is also necessary. Students in health professions may be required to do a two-step PPD skin test.
- 7. HEPATITIS:** Immunization against Hepatitis A and B are recommended for adults and may be required for health professions students prior to their clinical assignments.
- 8. POLIO:** Documentation of completed primary series may be required for health professions students prior to their clinical assignments.

Health professions students should check with their program to confirm additional requirements.

EXEMPTIONS:

1. Students claiming exemption from immunizations because of medical contraindications must submit a written statement signed and dated by a physician.
2. Students claiming exemption from immunizations because of religious beliefs must submit a written statement, signed and dated by the student (or parent/guardian if the student is a minor) describing his/her objection to immunization based upon bona fide religious beliefs or practice.

APPLICABILITY, DOCUMENTATION AND ENFORCEMENT:

1. This policy applies to all domestic and international students unless medical or religious exemptions pertain, or the student will be taking courses entirely online.
2. Submission of this record, by the date specified, is mandatory. Failure to comply will result in registration being cancelled and/or restricted. Please contact Student Health with any questions or concerns about meeting this deadline.
3. The University also reserves the right to deny access to campus facilities, including residence halls, if documentation of compliance has not been provided. Further, in accordance with public health recommendations, non-immune students may be excluded from the University campus in the event of an outbreak, or other public health recommendation.



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IMMUNIZATION HISTORY

STUDENT NAME

BANNER ID

DATE OF BIRTH

To be completed by healthcare provider, or a copy of the official medical record may be attached.

Table with columns: Vaccine or Test, Vaccine Type, Primary Series Complete?, Date(s). Rows include Tetanus, Diphtheria, Pertussis; Measles, Mumps, Rubella; Varicella; Meningococcal Quadrivalent; Serogroup B Meningococcal; Hepatitis A; Hepatitis B; Polio.

* If necessary depending on indication or vaccine type

Physician Clinic Name: _____

Address: _____

Physician Signature: _____ Date: _____

STUDENT SIGNATURE

DATE



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TUBERCULOSIS SCREENING QUESTIONNAIRE

STUDENT NAME

BANNER ID

DATE OF BIRTH

Please answer the following questions:

- Yes No Have you lived or traveled for >2 months in Asia, Africa, Central or South America, or Eastern Europe?
- Yes No Were you born on one of these continents?
- Yes No Have you ever been vaccinated with BCG?
- Yes No Have you ever had a positive TB skin test or history of active tuberculosis infection?
- Yes No Has anyone living in your household ever had a history of active tuberculosis?
- Yes No Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison, or other health care facility?

If the answer is **NO** to all of the above questions, no further testing or action is required. Please sign below and forward this form with your immunization record to Saint Louis University Student Health Center. A physician's signature is not required on this questionnaire if you answered **NO** to all the questions.

If the answer is **YES** to any of the above questions, then Saint Louis University requires that a health care provider complete a tuberculosis risk assessment within 6 months prior to the start of class. Results of a tuberculin skin test (PPD) or IGRA blood test such as Quantiferon gold or a T-spot must be provided, unless a previous positive test has been documented. A chest x-ray performed within six months prior to the first day of class is required for a positive PPD or IGRA. A written medical interpretation of the x-ray (in English) must be included.

NOTE: Testing is recommended (but not mandated) for individuals in the following groups:

- HIV positive
- Immunosuppressive disorders from illness or medication (e.g. organ transplants, prednisone)
- History of IV drug abuse or alcoholism
- Students with chronic medical conditions (e.g. diabetes, cancer, kidney disease, malabsorption disorders, etc.)

TB (Tuberculin) Skin Test - Date Administered: _____ Date Read: _____ Result: _____ mm.

-OR- equivalent blood test result: _____

Chest X-ray required if TB test is positive: Date: _____ Result: NORMAL ABNORMAL

(Attach written medical interpretation of Chest X-ray in English).

Dates of treatment: _____

Physician/ Clinic name: _____

Physician/ Clinic address: _____

Phone number: _____

Physician signature: _____ Date: _____

(Physician signature is only required if providing TB test results, blood test results or chest x-ray).

By signing I attest that the above information is true to the best of my knowledge.

STUDENT SIGNATURE

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MENINGOCOCCAL VACCINATION WAIVER FOR STUDENTS LIVING ON CAMPUS

REQUIREMENT MUST BE MET BEFORE THE START OF SCHOOL

STUDENT NAME

BANNER ID

DATE OF BIRTH

We highly recommend vaccination against meningitis. Saint Louis University requires all students living in residence halls on campus to show proof of meningococcal vaccine (MenACWY - Menactra or Menveo). If you chose not to be vaccinated and are living on campus, we require that you review the information provided on the back of this form, and sign the below waiver stating that you understand the risk of not being vaccinated.

While we do not require serogroup B meningococcal vaccine (MenB - Trumenba or Bexsero), we recommend speaking with your health care provider about both vaccines to make an informed decision about your health. Both MenACWY and MenB are offered at the Student Health Center on campus.

OPTION #1 VACCINATION: Please provide proof of vaccination on our required health forms, or request a copy of your vaccination record be sent to our office. MenACWY vaccination is required. If you have had MenB vaccination, please also provide the information for our records. In the event of an outbreak, different instructions may be given to students who have been vaccinated and those who have not.

OPTION #2 VACCINATION WAIVER: to be completed by the individual (or parent/ guardian for individuals less than 18 years of age) requesting an exemption from the requirement.

For individuals 18 years of age or older:

I am 18 years of age or older. I have received and read the information provided by Saint Louis University explaining the risks of meningococcal disease and am aware of the effectiveness and availability of the vaccine at the Student Health Center. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that Saint Louis University policy requires that students residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Saint Louis University, its officers, employees and agents from any and all costs, liabilities, expenses, claims of causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

Student signature: _____

Date: _____

PARENTAL ACKNOWLEDGMENT I have received and read the information provided by Saint Louis University and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

Name of Parent/ Guardian: _____

Date: _____

Signature of Parent/ Guardian: _____



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Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning — even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY (MenACWY) vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. The United States Centers for Disease Control and Prevention (CDC) recommends adolescents aged 11 to 12 **should** be vaccinated with MenACWY, with a booster at age 16 for protection when they are at the highest risk. College freshmen living in residence halls are also considered at increased risk.

Serogroup B meningococcal (MenB) vaccines can help prevent meningococcal disease caused by serogroup B. The CDC recommends that adolescents and young adults age 12 – 23 **may** also be vaccinated with MenB, preferably at age 16 – 18 for protection during the ages of increased risk.

Some people should not get these vaccines – tell your provider if you have any severe, life-threatening allergies, you are pregnant or breastfeeding, or you are not feeling well.

More information about meningococcal disease, vaccines, recommendations, contraindications and precautions can be found at:

The Centers for Disease Control and Prevention (CDC) website:

<https://www.cdc.gov/meningitis/>

US Department of Health and Human Services

<https://www.vaccines.gov/diseases/meningitis/index.html>

Saint Louis University Student Health Center

<https://www.slu.edu/life-at-slu/student-health/required-records-forms.php>