



**TUBERCULOSIS SCREENING** – required for all programs

Initial 2 -step TB test ( must be Mantoux). After initial testing, a yearly single-step Mantoux test is required for all programs. If the student has a positive TB test, a chest x-ray must be performed and a copy of the report attached to this record.

- Has student ever had a positive TB skin test?  
 No (go to #2)      Yes (year) \_\_\_\_\_ if yes:

Medication name \_\_\_\_\_

How long taken? \_\_\_\_\_

Medication not prescribed

- Has student ever had BCG vaccine?

No      Yes (year) \_\_\_\_\_

(Persons who have received BCG vaccine are required to have a TB skin test unless they have had a previous positive reaction)

- Chest x-ray, if necessary (attach copy of report):

Date of test \_\_\_\_\_ Result \_\_\_\_\_

- 2-step TB test: 2 Mantoux TB tests given one to three weeks apart

#1 Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_

#2 Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_ (attach copy of laboratory report)

**MUMPS** – required for all programs

Persons born prior to 1957 are considered to be immune to mumps.

- Immunization with live virus vaccine:

Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_

(Given in 1969 or later and given on or after first birthday)

- Immunity confirmed by blood titer:

Date of test \_\_\_\_\_ Result \_\_\_\_\_

(attach copy of laboratory report)

**RUBELLA (GERMAN MEASLES)** – required for all programs

- Immunization with live virus vaccine:

Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_

(Given in June 1969 or later and given on or after first birthday)

- Immunity confirmed by blood titer:

Date of test \_\_\_\_\_ Result \_\_\_\_\_

(attach copy of laboratory report)

\_\_\_\_\_ (attach copy of laboratory report)

**TDAP** – required for all programs

Immunization must be within the last 10 years and cannot expire during the semester. (renewal schedule located in the Health Guidelines PowerPoint online)

Date: \_\_\_\_\_

**VARICELLA (Chicken Pox)** – required for all programs

- Varicella immunization:

Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_

- Immunity confirmed by blood titer:

Date of test \_\_\_\_\_ Result \_\_\_\_\_

(attach copy of laboratory report)