

## IMMUNIZATION HISTORY

**Must be completed by a Physician or Nurse OR Official Copy of Immunization Records must be attached**

PATIENT NAME: (PLEASE PRINT)

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ KU ID# \_\_\_\_\_

MAIDEN NAME / OTHER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE: \_\_\_\_\_

**I. REQUIRED FOR ALL NEWLY ENROLLED OR RE-ENROLLED KU STUDENTS WHO WERE BORN ON OR AFTER JANUARY 1, 1957:**

| <b>MEASLES, MUMPS, RUBELLA (MMR) VACCINE</b>  |   |   |
|---|---|---|
| <p>#1. Must be no earlier than 4 days before 1<sup>st</sup> birthday. MM/DD/YYYY</p> <p>MMR: _____</p> <p>OR:</p> <p>Measles: _____</p> <p>Mumps: _____</p> <p>Rubella: _____</p> | <p>#2. Must be after 1979 and a least 28 days after 1<sup>st</sup> MMR. MM/DD/YYYY</p> <p>MMR: _____</p> <p>OR:</p> <p>Measles: _____</p> <p>Mumps: _____</p> <p>Rubella: _____</p> | <p><b>OR:</b></p> <p><b>Serological Confirmation of Immunity:</b><br/>Attach copy of lab report showing both numerical value and reference range.</p> |

**2. REQUIRED FOR ALL STUDENTS LIVING IN UNIVERSITY GROUP HOUSING UNITS:**

| <b>MENINGOCOCCAL MENINGITIS VACCINE</b>  |   |
|--|---|
| <p style="text-align: center;">Must receive either <u>MCV4</u> or <u>MPSV4</u> to meet requirements. NO other meningitis vaccinations are accepted.</p> <p style="text-align: center;"><b>Meningitis vaccine must have been administered within past 5 (five) years.</b></p> |   |
| <p><b>MENVEO® / MENACTRA® MCV4</b></p> <p>MM/DD/YYYY: _____</p>  | <p style="text-align: center;"><b>OR:</b></p> <p><b>MENOMUNE® -- MPSV4</b></p> <p>MM/DD/YYYY: _____</p> |

**3. RECOMMENDED IMMUNIZATIONS: (PLEASE REPORT ALL THAT THE PATIENT HAS RECEIVED)**

|  |  |               |   |                                |  |
|--|--|---------------|---|--------------------------------|--|
| <p><b>Meningococcal Group B Vaccine</b><br/>(Is not a substitute for #2 above)</p>   | <p><b>BEXSERO®</b><br/>MM/DD/YYYY: _____<br/>MM/DD/YYYY: _____</p> |               | <p><b>OR: TRUMENBA®</b><br/>MM/DD/YYYY: _____<br/>MM/DD/YYYY: _____<br/>MM/DD/YYYY: _____</p> |                                |  |
| <p><b>DPT / TDAP</b><br/><small>Primary series Dtap, DPT or Td and booster with Td or Tdap in last 10 years meets recommendation</small></p> | #1 MM/DD/YYYY  | #2 MM/DD/YYYY | #3 MM/DD/YYYY   | #4 MM/DD/YYYY                  | <p>Date of last booster<br/>Td _____<br/>OR<br/>Tdap _____</p> |
| <b>Hepatitis A Series</b>  | #1 MM/DD/YYYY  | #2 MM/DD/YYYY |   |                                |  |
| <b>Hepatitis B Series</b>  | #1 MM/DD/YYYY  | #2 MM/DD/YYYY | #3 MM/DD/YYYY   |                                | <p>Titer Results:<br/>MM/DD/YYYY</p> <p>Attach lab result</p>  |
| <b>Hepatitis A / B Combined</b>  | #1 MM/DD/YYYY  | #2 MM/DD/YYYY | #3 MM/DD/YYYY   |                                |  |
| <b>Human Papillomavirus (HPV)</b>  | #1 MM/DD/YYYY  | #2 MM/DD/YYYY | #3 MM/DD/YYYY   | #4 MM/DD/YYYY                  |  |
| <b>Polio</b><br><small>Primary childhood series meets recommendation</small>   | #1 MM/DD/YYYY  | #2 MM/DD/YYYY | #3 MM/DD/YYYY   | #4 MM/DD/YYYY                  |  |
| <b>Varicella (Chicken Pox)</b>   | #1 MM/DD/YYYY  | #2 MM/DD/YYYY | <p>Titer Results:<br/>MM/DD/YYYY</p> <p>Attach lab result</p>                                 | History of Disease: MM/DD/YYYY |  |

**PROVIDER VERIFICATION: To the best of my knowledge, the above information is accurate:**

Physician / Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER OF MENINGOCOCCAL MENINGITIS IMMUNIZATION

### Meningitis Immunization Policy for The University of Kansas – Lawrence Campus

To reduce the spread of bacterial meningitis among the student population, the Kansas Board of Regents requires all incoming students residing in university housing to be vaccinated for meningitis. Non-compliant students will be placed on administrative Hold following the first week of classes and remain on administrative Hold until the compliance is documented with Watkins Health Services. Students will be unable to enroll for the following semester until the Hold is released. Furthermore, it is strongly recommended that students living in other forms of housing such as sorority/fraternity houses, Naismith Hall, or residential apartments receive the vaccination.

#### Frequently Asked Questions about Meningococcal Meningitis:

##### What is meningococcal meningitis?

This is a severe bacterial infection of the bloodstream and the lining covering the brain and spinal cord. Isolated events usually occur, but clusters of cases or outbreaks are also possible.

##### Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in young adults living in group housing.

##### How is meningitis spread?

The meningococcus organism is spread by direct contact with nasal or throat secretions of an infected person. Many people carry this organism in their nose and throat without any signs of illness.

##### What are the symptoms?

Sudden onset of fever, headache, vomiting, stiff neck and rash. Patients who recover may have complications of permanent damage to the nervous system and/or loss of limbs. Death occurs in 10% of the cases.

##### How soon do the symptoms appear?

The symptoms may appear three to seven days after exposure.

##### When and for how long is an infected person able to spread the diseases?

From the time a person is first infected until the organism is no longer present in the nose and throat. The duration varies among individuals and with the treatment used.

##### Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

People who have been in close contact should be considered for preventive treatment. Casual contact as might occur in a regular classroom is not usually significant enough to cause concern. People who think they have been exposed to a meningococcal infection should contact Watkins Health Services or the local health department to discuss whether they should receive preventative treatment.

##### Is there a vaccine currently available to prevent meningococcal meningitis?

Yes, there are vaccines that will protect against strains of the meningococcus organism.

***I have chosen not to be immunized. My signature signifies that I have read the material above on meningitis.***

*(By signing I acknowledge that I will be required to meet with the WHS Chief of Staff before my waiver will be considered.)*

\_\_\_\_\_  
Signature of Student – REQUIRED

\_\_\_\_\_  
KU ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian, if student is under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Watkins Health Services Chief of Staff

\_\_\_\_\_  
Date

## EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION

### STATEMENT OF EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION

In the event of an outbreak, unimmunized persons will be subject to exclusion from school for 21 days or more. If your religious beliefs preclude inoculation, you are required to meet with the WHS Chief of Staff before your exemption will be considered.

#### • **MEDICAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions. Please specify physical or medical condition:

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Date

#### • **TEMPORARY MEDICAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

Pregnancy is justification for a temporary medical exemption only. Are you pregnant?  YES – Expected Due Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student – REQUIRED

\_\_\_\_\_  
KU ID Number

\_\_\_\_\_  
Date

#### • **RELIGIOUS EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

Based upon my religious belief, I oppose receiving this immunization.

\_\_\_\_\_  
Signature of Student – REQUIRED

\_\_\_\_\_  
KU ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Watkins Health Services Chief of Staff

\_\_\_\_\_  
Date