HAMPSHIRE COLLEGE HEALTH & COUNSELING SERVICES

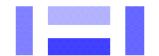
893 West Street, Amherst, MA 01002 PH (413) 559.5458 FX (413) 559.5583 healthservices@hampshire.edu

IMMUNIZATION FORM

THIS FORM IS REQUIRED · STUDENT COMPLETES · DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

	nily member. Submit by July 1 for the fall semester and January 15 for the semester
Name: Last First	Date of Birth
REQUIRED IMMUNIZATIONS (to be completed by The following immunizations are required by Massachusetts Law. All dat available or if a blood test indicates that you are NOT immune, you must TETANUS-DIPTHERIA-PERTUSSIS One dose of Tdap is required.	es must include month/day/year. If documentation of immunization is not be re-immunized. M.M.R. (Measles, Mumps, Rubella) (two doses required, at least one month apart, after 12 months of age)
Tdap Date:///	OR Laboratory Proof of Immunity (Attach copy of lab reports)
MENINGOCOCCAL Date Administered: /	parent/guardian description of chickenpox, by a physician, nurse munity. Birth before 1980 in U.S. is acceptable for college students, except /
STRONGLY RECOMMENDED IMMUNIZATION HEPATITIS A (two doses at least 6 months apart) Dose 1: / Dose 2: / / PNEUMOCOCCAL VACCINE The CDC recommends vaccination for adults who have health conditions including asthma, diabetes and other chronic problems those with compromised immune systems and smokers. Pneumovax: / / /	HUMAN PAPILLOMA VIRUS (HPV) Vaccine (at 0,2, and 6 month intervals) Gardasil Other Dose 1: /
HEALTHCARE PROVIDER SIGNATURE REQUIRED NAME (PRINT): ADDRESS:	
PHONE: FAX:	SIGNATURE:

IMPORTANT NOTICE: FAILURE TO COMPLY WITH THE MASSACHUSETTS IMMUNIZATION LAW WILL RESULT IN A HOLD BEING PLACED ON YOUR REGISTRATION



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TUBERCULOSIS SCREENING

THIS FORM IS REQUIRED · STUDENT COMPLETES · DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

Name: _	Last	First	Middle Initial	Oate of Birth		
SECTIO	N I: REQUIRED TUBERCULOS	IS (TB) RISK QUESTIO	NNAIRE			
l. Have	e you ever been treated for active T	B?			Yes	□ No
If ye	s, give dates of treatment		From:	//	to	//
. Have	e you ever had a positive TB skin or	r blood test?			Yes	□ No
If ye	s, when?		From:	//	to	//
Have	e you ever been treated for latent Tl	B?			Yes	□ No
If ye	s, give dates of treatment		From:	//	to	//
Were	you born in one of the countries li	sted on page 3?			Yes	□ No
If ye	s, please specify					
If ye	s, when did you come to the U.S.	?/				
. Have	e you traveled for more than a mon	th in a country with a high	rate of TB, as listed o	on page 3?	Yes	□ No
. To th	e best of your knowledge, have yo	u ever had close contact wi	ith anyone sick with T	ΓB? □	Yes	□ No
. Hav	e you even been vaccinated with B				Yes	□ No
	IF YOU ANSWER	ED "NO" TO ALL OF TH	E ABOVE, SKIP SEC	CTIONS II and 1	III	
*Note:	l t (48-72 hours) (If no induration Use 5 TU Mantoux test (Intermediate PPD) of a until you arrive at Hampshire College.				. If unavailabl	le please defer
	-based interpretation (see reverse	_	☐ Positive	If positive, pl	ease comp	lete Section III
	feron Gamma Release Assay (IGRA					
	Obtained: /		method) \square QFT-	G 🗌 QFT-GI	T other	
	ılt □ Negative □ Pos.		пате			
	N III CHEST X-RAY AND TREA ay required** (within 12 months if I					
_		e				
O	t (required for active tuberculosis, r					
□ No	☐ Yes					
_ 1NU		D	RUG, DOSE, FREQUENC	CY, AND DATES		
**If PI	PD or IGRA has been positive in the past but st	tudent was not treated for active or	latent TB, a chest x-ray is re	quired within 12 mon	ths prior to en	rollment.
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	ICARE PROVIDER SIGNATUR Print):	-		ПΔТ	F.	
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COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

*World Health Organization Global Tuberculosis Database 2009

AfghanistanCôte d'IvoireLithuaniaRep. KoreaAlgeriaDjiboutiMadagascarRepublic of MoldovaAngelaDeministra Republic DPRMalayriRepublic of Moldova

Angola Dominican Republic DPR Malawi Romania
Anguilla Korea Malaysia Russian Federation

Armenia DR Congo Mali Rwanda

Azerbaijan Ecuador Marshall Islands Sao Tome & Principe Senegal

Bahrain El Salvador Seychelles Mauritania Bangladesh Equatorial Guinea Mauritius Sierra Leone Belarus Eritrea Mexico * Solomon Islands Belize Ethiopia Micronesia Somalia Benin Gabon Mongolia South Africa

Bhutan Gambia Montserrat Sri Lanka Bolivia Georgia Morocco Sudan Bosnia & Herzegovina Ghana Mozambique Suriname Myanmar Botswana Guam Swaziland Guatemala Namibia Taiwan Brazil British Virgin Islands Guinea Nauru **Tajikistan**

Brunei Darussalam Guinea-Bissau Nepal Thailand Bulgaria Nicaragua Timor-Leste Guyana Burkina Faso Haiti Niger Togo Nigeria Burundi Honduras Turkmenistan

Northern Mariana Island Cambodia India Tuvalu Cameroon Indonesia Pakistan Uganda Cape Verde Palau Ukraine Iraq Central African Republic Kazakhstan Panama UR Tanzania Chad Kenya Papua New Guinea Uzbekistan

China Kiribati Paraguay Vanuatu China, Hong Kong SAR Kyrgyzstan Peru Vietnam China, Macao SAR Colombia * Lao PDR Philippines Yemen Comoros Poland * Lesotho Zambia Congo Portugal * Zimbabwe Liberia

Cook Islands Libyan Arab Jamahiriya Qatar

RISK-BASED INTERPRETATION OF TUBERCULIN SKIN TEST

RISK FACTOR	POSITIVE RESULT
Close contact with a case of tuberculosis	5 mm or more
Born in a country that has a high rate of tuberculosis Traveled or lived for one month or more in a country that has a high rate of tuberculosis	10 mm or more 10 mm or more
None (test not recommended)	15 mm or more