

TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

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This form must be completed and signed by a health care provider.
 Enter and upload immunizations at <https://tigerhealth.towson.edu>
 For questions email: healthcenter@towson.edu

STUDENT NAME: _____ DATE OF BIRTH (mm/dd/yy): _____ TU ID# _____

REQUIRED FOR ALL STUDENTS ATTENDING CLASSES ON TOWSON MAIN CAMPUS AND AFFILIATED CAMPUSES				
VACCINE	DOSE 1	DOSE 2	Alternative to vaccine:	
Measles-Mumps-Rubella (MMR) 2 doses given on or after 1st birthday	__/__/__	__/__/__	Positive IgG titers to Measles (Rubeola), Rubella, and Mumps Attach copy of titer results	
Tetanus-Diphtheria-Pertussis (Tdap) Single dose of Adult Tdap (Adacel© or Boostrix©) given at ≥ 11 yrs of age AND after 5/2005 (date of FDA licensure).	__/__/__		A Td (Tetanus-diphtheria) booster is NOT an acceptable alternative unless there is a documented medical contraindication to Pertussis vaccine. In that case, Td booster within 10 years of start of classes will be accepted. Last Td booster if Pertussis contraindicated: __/__/__	
TUBERCULOSIS SCREENING: All students must complete the online Tuberculosis Exposure Risk Screening Questionnaire found at https://tigerhealth.towson.edu .				
U.S. CITIZENS/PERMANENT RESIDENTS: You must complete the online TB Exposure Risk Screening Questionnaire. If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date. **Note: If you were born outside the U.S. you will need the TB blood serology test. **				
ALL INTERNATIONAL STUDENTS ON VISAS: You must come to the Health Center upon arrival at Towson for TB testing. A TB test is required, regardless of prior BCG vaccination. A chest x-ray alone is not acceptable. If you have had a TB blood test performed within 6 months of arrival to Towson, bring this documentation with you. If the blood was positive bring the official chest x-ray film. If you have ever been treated for a positive TB test or active tuberculosis, bring documentation of drugs and duration of treatment. You will not be allowed to remain in classes if you do not complete this requirement.				
REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING				
Meningococcal (Meningitis) (Conjugate vaccine, Menactra© or Menveo© or MenQuadfi©) Given ≥16yrs of age.)	__/__/__		<input type="checkbox"/> Meningococcal vaccine waiver signed (on Housing application)	
REQUIRED FOR NURSING AND OTHER HEALTH PROFESSIONAL STUDENTS(strongly recommended for all students) *Students may also be required to receive COVID-19 vaccine and annual flu shot, please check with your program*				
VACCINE	DOSE 1	DOSE 2	DOSE 3	
Varicella	__/__/__	__/__/__	__/__/__	Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
Polio (IPV or OPV)	__/__/__	__/__/__	__/__/__	Polio booster dose of IPV acceptable if no proof of primary series: __/__/__
Hepatitis B	__/__/__	__/__/__	__/__/__	Hepatitis B sAb titer : <input type="checkbox"/> Positive (Attach copy of titer results)

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STRONGLY RECOMMENDED FOR ALL STUDENTS				
Students should be up to date on their COVID-19 vaccinations. This includes a booster dose when eligible. If conditions change and the “recommended” status of the COVID-19 vaccination changes to “mandated”, students will be notified.				
VACCINE	DOSE 1	DOSE 2	BOOSTER (if applicable)	BOOSTER (if applicable)
COVID-19 Pfizer or Moderna (circle one)	_/_/___	_/_/___	_/_/___	_/_/___
COVID-19 Johnson & Johnson	_/_/___		_/_/___	
Other WHO COVID-19 Vaccine Name: _____	_/_/___	_/_/___	_/_/___	

STRONGLY RECOMMENDED FOR ALL STUDENTS			
VACCINE	DOSE 1	DOSE 2	DOSE 3 (if applicable)
HPV/Gardasil (Human Papilloma Virus)	_/_/___	_/_/___	_/_/___
Serogroup B Meningococcal Vaccine Circle: Bexsero or Trumenba	_/_/___	_/_/___	_/_/___

EXEMPTION FROM REQUIRED IMMUNIZATIONS: Only bona fide medical and religious exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak.

Medical Exemption: Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent: _____

Religious Exemption: Student must complete and have notarized a Request for Exemption detailing religious basis of request. Form is available at the Health Center.

HEALTH CARE PROVIDER (PRINT NAME): _____ **DATE:** _____

HEALTH CARE PROVIDER SIGNATURE: _____ **PHONE #:** _____

Your completed Mandatory Towson University Health Center Pre-Entrance Immunization Record must be **signed by your medical provider and uploaded to your student portal via <https://tigerhealth.towson.edu> by August 15, 2024.**