

IMMUNIZATION RECORD

THIS FORM IS MANDATORY FOR STUDENTS WHO PLAN TO LIVE IN STILES HALL. Follow the instructions very carefully. Failure to submit a form or incomplete forms (e.g., failure to attach the required immunization record for a student certification) may result in not being admitted to student housing.

Part 1: Completed by the Student

Student Name:	Date of Birth (mm/dd/yyyy):
Mailing Address:	

Part 2: Completed by Healthcare Provider

A.	Tuberculosis (PPD or Quantiferon test required regardless of prior BCG inoculation) PPD test performed in the U.S. within 12 months before the start of school OR Quantiferon test/T-Spot performed in your country with the results in English.			
PPD Tuberculin Skin Test Must be performed in the United States	Date given (healthcare provider must initial):	Date read (healthcare provider must initial):	Result: _____mm induration <input type="checkbox"/> Negative <input type="checkbox"/> Positive	If positive result: Date of chest X-ray (must be done in the U.S.): _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
OR Interferon Gamma Release Assay (IGRA) within two months of matriculation. Must include test results in English	Date Obtained:	Please Circle: T-Spot Quantiferon	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	If positive result: Date of check x-ray (must be done in the U.S.): _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

B.	TDAP Required within last 10 years	
Tetanus, Diphtheria, Pertussis (TDAP) No other version is accepted	Date given:	

C.	MMR (Measles, Mumps, Rubella) Two doses of vaccine OR blood test showing immunity if born after 1956. Lab results required	
Vaccination 1 st dose date:		Vaccination 2 nd dose date (minimum of four weeks after dose 1):
OR Positive Rubeola (Measles) titer date and results:		
OR Positive Mumps titer date and results:		
OR Positive Rubella (German Measles) titer date and results:		

D.	Varicella (Chicken Pox) Complete ONE of the following: history of disease, two doses of vaccine, or blood test showing immunity.	
History of disease: ___ Yes ___ No OR Vaccination 1 st dose date:		Vaccination 2 nd dose date (minimum of four weeks after dose 1):
OR Varicella Antibody (ELISA) Lab repost is required.	Date:	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive (Must receive two doses if not immune)

E.	Hepatitis B Completion of at least two of three required for compliance (three doses required to complete the series)		
Vaccination 1 st dose date:		Vaccination 2 nd dose date (minimum of four weeks after dose 1):	Vaccination 3 rd dose date (minimum of eight weeks after dose 2 and a minimum of 16 weeks after dose 1):
OR Hep B Titer Lab repost is required.	Date:	<input type="checkbox"/> Immune	

F.	Meningococcal		
Meningococcal Quadrivalent: <ul style="list-style-type: none"> For any student who will be living in student housing, Pennsylvania law requires one dose of meningococcal Quadrivalent given since the age of 16. 			
Quadrivalent conjugate (check one): <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo		Date given:	

G.	Healthcare Examiner's Statement		
I have verified that the individual I have examined is the named individual on this form and that the above tests/vaccinations were performed in this office/laboratory, or I have reviewed any documentation relative to the student's immunization record.			
Examiner's Name (please print):			
License #:			Phone:
Signature of Healthcare Examiner:			Date:

Part 3: Signed by the Student and/or Parent or Guardian (if student is under 18)

I certify that the information provided on this form is correct. I understand that failure to complete this form correctly may jeopardize my enrollment in student housing at PAFA.

Student Signature _____ Date _____

If under 18:

Parent or Guardian Signature _____ Date _____

Please upload this form with records onto your housing application. If you would prefer to mail, send to the address below:

PAFA
Student Services
Attn: Jai-La Aponte
128 N Broad St, 3rd Floor
Philadelphia. PA 19102

For questions or medical or religious exemptions, please contact Jai-La Aponte at japonte@pafa.edu.