

# Mandatory Immunization Screening

**Fax, Bring, or Mail to:**  
**UCM Health Center**  
600 S. College, UHC 229  
Warrensburg, MO 64093  
PHONE: 660-543-4770  
FAX: 660-543-8222  
EMAIL: uhc@ucmo.edu



LEARNING TO A GREATER DEGREE

**OFFICE USE ONLY**  
 meets MMR requirements  
 meets TB requirements  
 meets Meningitis requirements  
 Entered \_\_\_\_\_  
SIGNATURE

New Student    Current Student    Transfer Student    Graduate Student    Employee

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MI MM/DD/YYYY

700 #: \_\_\_\_\_ Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## **Part I 2 Measles, Mumps, Rubella (MMR) Vaccinations Required for all students/employees**

The University of Central Missouri requires all students and employees born on or after January 1, 1957 to present documentation of immunity to MMR. (Please attach immunization documentation or copy of lab result.)

**2 doses** of MMR vaccine. Dose 1 given at age 12 months or later. Dose 2 given at least 28 days after dose 1.    **OR**    Titer (blood test) results proving immunity to MMR

## **Part II Tuberculosis (TB) Screening Required for all students/employees**

Check the following statement(s) that applies:

- \_\_\_ I am from, were born in, or have visited for more than 2 months Asia, Africa, Central or South America, Caribbean, Eastern Europe, or Oceania/Pacific Islands. (For a complete list of countries, see page 2.)
- \_\_\_ I have been diagnosed with a chronic medical condition that may impair my immune status.
- \_\_\_ I am or have been a health care worker.
- \_\_\_ I have been a volunteer or an employee of a nursing home, prison, homeless shelter, AIDS facility, or other residential institution.
- \_\_\_ I have close contact with someone who has or had active TB.

If any of the statements above do apply, **you must provide documentation of one of the following:**

- Negative TB skin test done in the United States in the last year (attach copy),
- Negative QuantiFeron Gold/ T-spot TB test in the last year (attach copy),
- Chest X-Ray negative for active TB done in the United States in the last year (attach copy),
- Records of treatment regimen taken for TB provided (attach copy).

\_\_\_ **None of these statements apply to me. (No further documentation needed.)**

## **Part III Meningococcal Vaccine Required for Students living in University Housing**

Check the following statement that applies:

- \_\_\_ I have received the meningococcal vaccine after my 16<sup>th</sup> birthday (Menactra or Menveo). (Attach immunization documentation.)
- \_\_\_ I have not received the meningococcal vaccine. I have received and read the [Meningococcal Disease Fact Sheet](#), written by the Center for Disease Control and Prevention explaining the potential benefits of vaccination. (Attach medical/religious waiver.)

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



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**This page is for your information only; therefore, we do not need a copy. Only page 1 is required with documentation.**

Complete list of countries required to have Tuberculosis Screening or provide documentation:

Afghanistan	Brunei	Dominican	Guinea-Bissau	Liberia	Myanmar	Poland	South Africa	Ukraine
Algeria	Darussalam	Republic	Guyana	Lithuania	Namibia	Portugal	Spain	Uruguay
Angola	Bulgaria	Ecuador	Haiti	Macedonia-	Nauru	Qatar	Sri Lanka	Uzbekistan
Anguilla	Burkina Faso	Egypt	Honduras	TFYR	Nepal	Romania	Sudan	Vanuatu
Argentina	Burundi	El Salvador	India	Madagascar	New	Russian	Suriname	Venezuela
Armenia	Cambodia	Equatorial	Indonesia	Malawi	Caledonia	Federation	Syrian Arab	Viet Nam
Azerbaijan	Cameroon	Guinea	Iran	Malaysia	Nicaragua	Rwanda	Republic	Wallis &
Bahamas	Cape Verde	Eritrea	Iraq	Maldives	Niger	St. Vincent &	Swaziland	Futuna Islands
Bahrain	Central	Estonia	Japan	Mali	Nigeria	The	Tajikistan	W. Bank &
Bangladesh	African Rep.	Ethiopia	Kazakhstan	Marshall	Niue	Grenadines	Tanzania-UR	Gaza Strip
Belarus	Chad	Fiji	Kenya	Islands	N. Mariana	Sao Tome &	Thailand	Yemen
Belize	China	French	Kiribati	Mauritania	Islands	Principe	Timor-Leste	Zambia
Benin	Colombia	Polynesia	Korea-DPR	Mauritius	Pakistan	Saudi Arabia	Togo	Zimbabwe
Bhutan	Comoros	Gabon	Korea-	Mexico	Palau	Senegal	Tokelau	
Bolivia	Congo	Gambia	Republic	Micronesia	Panama	Seychelles	Tonga	
Bosnia &	Congo DR	Georgia	Kuwait	Moldova-Rep.	Papua New	Sierra Leone	Tunisia	
Herzegovina	Cote d'Ivoire	Ghana	Kyrgyzstan	Mongolia	Guinea	Singapore	Turkey	
Botswana	Croatia	Guam	Lao PDR	Montenegro	Paraguay	Solomon	Turkmenistan	
Brazil	Djibouti	Guatemala	Latvia	Morocco	Peru	Islands	Tuvalu	
		Guinea	Lesotho	Mozambique	Philippines	Somalia	Uganda	

**Other immunizations that are available at the Health Center, but not required to enroll. (All required vaccines also available at the Health Center.)**

- **Hepatitis A** administered in two doses 6 months apart. (Also available in a two-dose combination with Hepatitis B.) (Combination called Twinrix)
- **Hepatitis B** administered in two or three doses depending on the age of the person getting the vaccine. (Also available in a two-dose combination with Hepatitis A.) (Combination called Twinrix)
- **Human Papillomavirus/HPV** administered in three doses for males and females 9-26 years of age.
- **Influenza/Flu** administered annually. Be looking for more information on our Flu Clinics.
- **Tetanus/Diphtheria or Tetanus/Diphtheria/Pertussis** administered within the past 10 years (one time booster dose of Tetanus/Diphtheria/Pertussis is now recommended).
- **Meningococcal (Meningitis) Vaccine** administered in a single dose.
- **Travel vaccines and medications** are also available through the Health Center.