

Student Tuberculosis and Immunization Screening Questionnaire

Fax, Email, Bring or Mail to:

University Health Center
600 S. College, UHC 229
Warrensburg, MO 64093
Fax: 660-543-8222
Email: uhc@ucmo.edu



UNIVERSITY OF
CENTRAL MISSOURI
UNIVERSITY HEALTH CENTER

OFFICE USE ONLY:

- ☐ Meets MMR requirements
☐ Meets TB requirements
☐ Meets meningitis requirements
☐ Entered _____

Signature _____

☐ New Student ☐ Current Student ☐ Transfer Student ☐ Graduate Student

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

700 #: _____ Home/Cell Phone: (_____) _____

Part I Two (2) Measles, Mumps, Rubella (MMR) Vaccinations Required for all students

The University of Central Missouri requires all students born on or after January 1, 1957 to present documentation of immunity to MMR. **Have you submitted proof of either of the following?**
(Please attach immunization documentation or copy of lab result.)

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

☐ Yes ☐ No

Part II Tuberculosis (TB) Screening Required for all students

Check ALL the following statement(s) that apply:

- ____ I am from, was born in, or have visited for more than 2 months any of the countries on 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
- Negative QuantiFeron Gold/ T-spot TB test in the last year
- Chest X-Ray negative for active TB done in the United States in the last year
- Records of treatment regimen taken for TB provided

____ None of these statements apply to me. (No further documentation needed.)

Part III Meningococcal Vaccine Complete only if living in residence halls

Check the following statement that applies:

- ____ I have received the meningococcal vaccine (MCV4 or MPSV4). **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 [Immunization Exemption Form](#).**

Signature: _____ Date: _____



This page is for your information only; we do not need a copy.

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

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

Other immunizations that are available at the University Health Center, but not required to enroll:

- **Hepatitis A** administered in two doses, six months apart.
- **Hepatitis B** administered in two or three doses depending on the age of the person getting the vaccine.
- **Human Papillomavirus/HPV** administered in three doses for males and females 9-44 years of age.
- **Influenza/Flu** administered seasonally.
- **Tetnus/Diptheria or Tetnus/Diptheria/Pertussis** administered within the past 10 years (one-time booster dose of Tetnus/Diptheria/Pertussis is now recommended).
- **Meningococcal (Meningitis)** administered in a single dose.

For more information please contact the University Health Center Immunization Clinic at 660-543-4779.