



## Students Born in the United States IMMUNIZATION COMPLIANCE FORM

*Louisiana R.S. 17:170 – Schools of Higher Learning*

Tulane University Campus Health – Uptown 504-865-5255, Downtown 504-988-6169

Upload this form and any lab reports in the Patient Portal: [campushealth.tulane.edu/immunizations](http://campushealth.tulane.edu/immunizations).

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Please Type or Print (Last) (First) (M.I.) (MM / DD / YYYY)  
 Tulane Splash ID #: \_\_\_\_\_-00-\_\_\_\_\_ Semester of Enrollment: \_\_\_\_\_ Country of Birth United States  
 Tulane Email: \_\_\_\_\_@tulane.edu Phone: (\_\_\_\_\_) \_\_\_\_\_

▼ This must be completed and signed by a physician or health care provider. ▼

### Required Immunizations

<p><b>MMR (Measles, Mumps, Rubella) - Two doses required</b> Two doses of MMR at least 28 days apart. First dose after 12 months of age.</p> <p><b>OR</b></p> <p>Positive antibody titers for measles, mumps and rubella.* Required: Submit titers laboratory report for proof of immunization.</p>	<p>MMR Dose #1 Date: _____ OR Individual Doses (MM / DD / YY)</p> <p>(MM / DD / YY) Measles #1: _____ / _____ / _____</p> <p>Measles #2: _____ / _____ / _____</p> <p>MMR Dose #2 Date: _____</p> <p>(MM / DD / YY) Mumps #1: _____ / _____ / _____</p> <p>Mumps #2: _____ / _____ / _____</p> <p>Rubella #1: _____ / _____ / _____</p> <p><b>OR Serologic Tests &amp; Results (Must provide copy of lab reports.*)</b></p>
<p><b>Tetanus, Diphtheria, Pertussis (Tdap recommended)</b> **Last dose must be <u>within the past 10 years</u> of start date.</p>	<p>Vaccine Date**: _____ / _____ / _____ (MM / DD / YY)</p> <p>Must Select Type: <input type="checkbox"/> TD or <input type="checkbox"/> Tdap</p>
<p><b>Meningococcal – One dose required at 16 years of age or older.</b> Quadrivalent vaccine A, C, Y, W-135 *A dose given <u>within the past 5 years</u> is required for <u>all undergraduates</u> and is also required by Tulane for any student in uptown on-campus housing or fraternity/sorority housing. A booster dose is required every five years.</p>	<p>Vaccine Date*: _____ / _____ / _____ (MM / DD / YY)</p> <p>Must Select Type: <input type="checkbox"/> Menactra or <input type="checkbox"/> Menveo or <input type="checkbox"/> Nimenrix</p> <p>*Last dose must be <u>within the past 5 years</u>.</p>

### TUBERCULOSIS QUESTIONNAIRE

#### SECTION ONE – Please answer the following questions:

● Has the student ever had a positive TB skin test? (If Yes, stop here. Obtain IGRA and upload lab report with this form.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Has the student traveled or lived more than 6 weeks in Africa, East Europe, Asia, Middle East, or South/Central America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the student been vaccinated with BCG?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the student been an employee or volunteer in a prison, nursing home, homeless shelter or hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the student ever had close contact with somebody ill with TB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the student on medications that suppress the immune system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the student have HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to all of the above questions is **NO**, no TB testing or further action is required.

If the answer is **YES** to any of questions 1-6, you must obtain the PPD skin test from a health care provider. The test must be done within the 12 months prior to beginning your classes. (Provide test results below.)

#### SECTION TWO – Test Results:

<p><b>Tuberculin Skin Test</b> Positive if ≥ 10mm for questions 1, 2 or 3 OR ≥ 5mm for questions 4, 5 or 6.</p>	<p>Skin Test Date: _____ / _____ / _____ Date Read: _____ / _____ / _____ Result: _____ mm of Induration</p> <p>Interpretation: Positive _____ Negative _____ (IGRA is required if PPD is positive; Chest x-ray required within the last 3 months if IGRA is positive.)</p>
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#### HEALTH CARE PROVIDER:

\_\_\_\_\_  
Name (Typed or Printed) Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Date

CLINIC STAMP



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## Other Immunizations (Recommended, Not required)

<b>Bexsero Meningococcal B</b> Two doses	Dose #1: ____/____/____ Dose #2: ____/____/____ <small>(MM / DD / YY)</small>
<b>Trumenba Meningococcal B</b> Three doses	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____ <small>(MM / DD / YY)</small>
<b>Gardasil (HPV)</b> Three doses	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____ <small>(MM / DD / YY)</small>
<b>Hepatitis B</b> Three-dose vaccines: Energix-B, Recombivax, Twinrix  Two-dose vaccine: Heplisav-B	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____ <small>(MM / DD / YY)</small>  Dose #1: ____/____/____ Dose #2: ____/____/____ <small>(MM / DD / YY)</small>
<b>Varicella (Chicken Pox)</b> Two doses	Dose #1: ____/____/____ Dose #2: ____/____/____ <small>(MM / DD / YY)</small>

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### How to Submit

- 1) Make sure your health provider completes and signs the form and provides copies of applicable lab reports. All lab reports must indicate your name and date of birth.
- 2) Scan these documents. *NOTE: Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to achieve a smaller file.)*
- 3) Visit our website at [campushealth.tulane.edu/immunizations](https://campushealth.tulane.edu/immunizations).
- 4) **Log on to the Patient Portal** using your Tulane log-on information (your email address without the @tulane.edu and your email password).  
It may take up to three business days after you receive your Tulane email account before you can access the Patient Portal. If you still cannot log in to the Patient Portal after three days, please contact the immunization office for assistance at [immunizations@tulane.edu](mailto:immunizations@tulane.edu).
- 5) **Choose Immunizations and Enter Dates.** Fill in all the dates and information copied directly from your form. When finished, click “Submit”.
- 6) Next, use the **Upload Documents** link to upload your scanned copy of the completed form along with any necessary lab reports.
- 7) Once your form is uploaded, it may take up to five business days for the form to be reviewed and verified. Check your Tulane email regularly for notification of secure messages from the Health Center.
- 8) **You will receive a secure message** via the Patient Portal notifying you whether your records are either  
(✓) in compliance which allows you to register for classes or  
(✗) out of compliance which means you cannot register for classes until you upload the additional records specified via secure message.
- 9) All communication regarding your immunization records is private and visible only via the Patient Portal. You will receive a secure message notification in your Tulane email directing you to the Patient Portal. You should **submit health information only via the Patient Portal** and never by email.
- 10) Tulane must have evidence of a student’s compliance with University policy and Louisiana law for immunizations. Failure to meet these requirements will result in an Enrollment Hold being placed on your student account, which will bar you from dropping or adding classes and/or enrolling for classes for the next semester.

Students born in the United States who want to request an exemption/waiver from immunizations, visit [campushealth.tulane.edu/immunizations](https://campushealth.tulane.edu/immunizations) for instructions.

For assistance, please email  
[immunizations@tulane.edu](mailto:immunizations@tulane.edu).