PRE-REGISTRATION IMMUNIZATION REQUIREMENTS FORM

This form MUST be completed and RETURNED to Curry Health Center PRIOR to orientation/registration.

Telephone: (406) 243-4330  
Fax: (406) 243-2254  
Curry Health Center  
634 Eddy Ave., Missoula, MT 59812  
www.umt.edu/curry/medical  
MedReception@mso.umt.edu

If after viewing our website, you still have questions about this form or complying with requirements email to above address.

Use Ink Only, Please Print or Type  
SOC SEC# ___________________________  
STUDENT ID# ___________________________

Name ___________________________ / ___________________________ / ___________________________ Age______ Date of Birth ____/____/____

Last First name in full Middle

Current Mailing Address ___________________________  
Street ___________________________  
City ___________________________  
State ___________________________  
Zip ___________________________

Telephone # ___________________________  
E-mail Address ___________________________  
Sex M□ F□

Previously Enrolled at the University of Montana? Yes No  
If Yes, Under What Name ___________________________  
Last Year Attended ___________________________

Emergency Contact: ___________________________  
City/State ___________________________  
Phone ___________________________

I. MMR VACCINATION REQUIREMENT

Required by Montana Law for all students born after 1956. If born in 1956 or before initial here: ______ and proceed to section II.

TO COMPLY YOU MAY EITHER:

1. Have this section completed and signed by a health care provider OR
2. Attach a legible copy of an official immunization record (medical record, high school record, etc.) to this form and return to Curry Health Center.

MMR (Measles, Mumps, Rubella)

<table>
<thead>
<tr>
<th>Dose 1 - Immunized at least 12 months after birth or later</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose 2 - Immunized at least 30 days after Dose 1</td>
<td></td>
</tr>
</tbody>
</table>

MEASLES (Rubeola) **If given instead of MMR**

Two doses of vaccine given after 1971
1st dose after age 12 mo - 2nd dose at least 30 days later

<table>
<thead>
<tr>
<th>1st dose Date</th>
<th>2nd dose Date</th>
<th>- AND -</th>
</tr>
</thead>
</table>

Certification by physician of having the disease

Date of disease: ___/___/___

Certification by physician indicating immunity to Rubeola

Date of test: ___/___/___  Results: ____________

RUBELLA **If given instead of MMR**

Two doses of vaccine given after 1971
1st dose after age 12 mo - 2nd dose at least 30 days later

<table>
<thead>
<tr>
<th>1st dose Date</th>
<th>2nd dose Date</th>
<th>Date of disease: <em><strong>/</strong></em>/___</th>
</tr>
</thead>
</table>

Certification by physician of having the disease

Date of test: ___/___/___

II. TUBERCULOSIS SCREENING REQUIREMENT

Were you born in or have you lived for at least one year in a country NOT included in the list below? _____ Yes   _____ No

Date of last year in country of risk ____________  Country ___________________________

If yes, tuberculosis testing must be performed after departure from an at risk country. This test must be performed in a United States medical facility and documentation of testing must include verified date and millimeter reading.

Exceptions:

- Albania
- Barbados
- Chile
- Denmark
- Grenada
- Jamaica
- Monaco
- Saint Kitts & Nevis
- Sweden
- United States
- American Samoa
- Andorra
- Antigua & Barbuda
- Australia
- Austria
- Belgium
- Bermuda
- Costa Rica
- British & US Virgin Islands
- Canada
- Czech Republic
- Cook Islands
- Dominica
- Finland
- Cuba
- Cyprus
- Croatia
- Iceland
- Libya
- Lithuania
- Luxembourg
- France
- Germany
- Israel
- Malta
- Gibraltar
- Jordan
- Lebanon
- Netherlands
- New Zealand
- Monaco
- Montserrat
- Samoa
- San Marino
- Norway
- Papua New Guinea
- Nicaragua
- France
- Nigeria
- Puerto Rico
- Switzerland
- Trinidad & Tobago
- Turks & Caicos Islands
- United Arab Emirates
- Trinidad
- United Kingdom

This form was revised on July 2010.
#### Guidelines for Recommendations

**Polio:**
Polio is a serious illness caused by oral transmission of the virus to humans. There have been no cases of polio in the USA in the last 20 years. Therefore, the vaccination is only recommended for those traveling in countries where the poliovirus is endemic.

**Hepatitis B:**
Hepatitis B is a virus that attacks the liver, leading to cirrhosis, liver cancer and even death. It is spread through contact with blood and body fluids of an infected person. This contact may occur with unprotected sex, sharing needles when injecting drugs, accidental contact with blood through cuts or needle stick injuries and from mother to baby. The hepatitis B vaccine is highly recommended to help prevent this disease.

**Meningococcal:**
Meningococcal disease is very serious and is caused by bacteria. Infection can lead to severe health problems like seizures, strokes, neurological problems and possibly death. The CDC has found that college freshman, living in dormitories are at higher risk of getting this disease. The meningococcal vaccine can prevent 2 of the 3 most common types of meningococcal disease in the USA. Duration of protection is 3-5 years.

**Pneumococcal:**
Pneumococcal disease can cause illness and death. These bacteria can lead to pneumonia, infection in the blood and in the brain coverings. It kills more people in the USA each year than all other vaccine-preventable diseases combined. Students with chronic health problems are at higher risk for contracting this disease. Pneumococcal vaccine protects against 23 types of Pneumococcal bacteria.

**Diphtheria-Tetanus:**
Tetanus (lockjaw) is a potentially fatal disease of the central nervous system caused by an organism that enters the body through cuts and wounds. Diphtheria is a serious illness, is highly contagious and can cause respiratory problems, heart failure, paralysis and even death. Vaccination is the best protection against these diseases. Repeat vaccination is recommended every ten years.

**Varicella (Chicken Pox):**
The chickenpox virus can be spread from person to person through the air or by contact with fluid from chickenpox blisters. It can lead to severe skin infection, scars, pneumonia, brain damage or death. A person who has had chickenpox can get a painful rash called shingles years later. Many college students are immune to chickenpox as a result of past exposure. Therefore a blood test is recommended to check for immunity to chickenpox before a vaccine is administered.

**Hepatitis A:**
Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. Hepatitis A can cause a mild “flu-like” illness, jaundice (yellow skin or eyes), severe stomach pains and diarrhea. This vaccine is recommended for those who are traveling or live in endemic areas, for men who have sex with men, IV drug users, persons with chronic liver disease and persons who receive clotting factor concentrates. Protection is thought to be lifelong.

**HPV:**
A vaccine indicated in girls and women 9-26 years of age for the prevention of cervical cancers and genital warts caused by the Human Papillomavirus (HPV) types 6, 11, 16, and 18. The CDC estimates that 50 % of sexually active people catch HPV during their lifetime. A male or female of any age who takes part in any kind of sexual activity that involves genital contact is at risk. Many people who have HPV may not show any signs or symptoms. This means they can pass the virus on to others and not know it. The HPV vaccine, Gardasil, is also licensed, safe, and effective for males ages 9 through 26 years. Young men may choose to get this vaccine to prevent genital warts.

#### Dates of Injection

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLIO</strong></td>
<td></td>
</tr>
<tr>
<td>(last date of series): Date:</td>
<td></td>
</tr>
<tr>
<td><strong>HEPATITIS B</strong></td>
<td>Date:</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Titer: Results: Date:</td>
<td></td>
</tr>
<tr>
<td><strong>MENINGOCOCCAL</strong></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>PNEUMOCOCCAL</strong></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>DIPHTHERIA-TETANUS</strong></td>
<td>(Td or Tdap) date of last vaccine</td>
</tr>
<tr>
<td><strong>VARICELLA</strong> (Chicken Pox)</td>
<td>Titer: Results: Date:</td>
</tr>
<tr>
<td><strong>HEPATITIS A</strong></td>
<td>Date:</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; dose</td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; dose</td>
<td></td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; dose</td>
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