

THIS FORM <u>MUST</u> BE IN ENGLISH AND RETURNED BEFORE ORIENTATION TO:

University of South Carolina Aiken Enrollment Management, Box 35 471 University Parkway Aiken, SC 29801

Fax: (803) 641-3727 Email: enroll@usca.edu

TO BE CO	MPLETED BY STU	DENT			
Name				USC o	or VIP ID
	Last	First	Middle		
Address	Street/P.O. Box				Date of Birth/ / Mo Day Yr
	Sileel/F.O. box				Sex DM DF
	City	State		Zip Code	
Telephone	e <u>(</u>)			Email	
	or: □ Fall □ Spi e: □ Undergradua				
legal photo or stamp, of positive blo	ocopy of the student' or by a clinic or healt ood titer may be atta	s immunization/vac h department's star ched which proves uge of this form for s	cine records ma np). c) If vaccina the student's im	y be attached (as ation records or p munity due to the ements for interna	the student's health care provider, <u>unless</u> b) A is long as it is verified with a doctor's signature provider-verified dates are unavailable, a e specified antibodies. Inational students and for recommended
M.M.R. (N	uired Immuniza Measles, Mumps, F 1 given at age 12 month	Rubella): Two (2) d	loses are requi		dents born in 1957 or later.
Dose	2 give at least 28 days a	fter the first dose		#2	Day Yr
_	nption: I was born before				
	ired Immunizat			n Campus	
Me	nactra or Menveo Vacc	ine Lot #	Administration Da	te / / Mo Day Yr	
	read the information proose NOT to be vaccinat				gococcal Disease.
Si	gnature (parent signs	if student is under 18)		Date:
*To be sig	ned by Health Ca	re Provider Signa	ture or Stamp <i>req</i>	<i>uired</i> for processing	ng unless records are attached on separate page(s
Name:	lease Print)			Date:	
Address:	,				
	City		State		Zip Code
Phone: ()		Si	anature:	

3. Required Screening For International Students ONLY 1. Have you ever had a positive TB skin test?.....YES _____NO ____ 2. Have you ever had close contact with anyone who was sick with TB?......YES ______NO ____ 3. Have you ever been vaccinated with BCG?.....YES ______NO ____ 4. Are you are a member of a high-risk group¹?.....YES NO 5. If No (to #4), you are not required to have a TB screening. If YES, you are required to have a TB screening. BCG vaccine is not acceptable to meet this requirement. a. Tuberculin Skin Test: Date Given: / / Date Read: / / Mo Day Yr Result:_____ mm (Record actual mm of induration, transverse diameter; if no induration, write "0") Positive _____ (Interpretation, based on mm of induration as well as risk factors) _b. Chest X-ray (required if tuberculin skin test is positive) Date of chest x-ray / / Normal _ Abnormal _ ____ Abnormal _ ____ Chest X-ray Findings (if abnormal) _____

Chest X-ray Findings (if abnormal)_____

Recommended Immunizations for All Students

Although they are not yet required, meningococcal and hepatitis B vaccinations are strongly recommended based on recommendations from the Centers for Disease Control (CDC) and the American College Health Association. These recommendations are made based on recent studies showing that college students, particularly freshmen living in residence halls, have a six-times greater risk for meningitis and an increased risk of hepatitis B than the general population.

Meningococcal disease is a rare but potentially fatal bacterial infection that occurs in one of two forms, either as meningococcal Meningitis (a bacterial infection that causes inflammation of the brain and spinal cord) or meningococcemia (a bacterial infection of the blood). Meningitis is difficult to diagnose because of its flu-like symptoms. It progresses very quickly and may result in permanent disability or death within a matter of hours of the first symptoms. Transmission of the disease occurs from person to person through respiratory or oral secretions. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. Ask about the Menactra vaccine for protection against Meningitis & Meningococcemia.

Hepatitis B virus (HBV) exposure can result in a serious disease that attacks the liver. There is no cure for this disease. The CDC estimates that some 80,000 new cases occur in the US each year and approximately 500 people die from chronic liver problems related to hepatitis disease annually. HBV is a blood-borne disease and is commonly spread by contact with infected blood, needles or other sharps, or by having sex with an infected person. The best protection against HBV is immunization.

In addition, it is recommended that students receive two varicella (chicken pox) vaccines if they have never had chicken pox or receive a second varicella vaccine if they have only received one previously. It is also recommended that female students receive the series of three **Gardasil** vaccines to protect them from cervical cancer.

For more detailed information, visit the Centers for Disease Control & Prevention web site at www.cdc.gov or the American College Health Association website at www.acha.org. Consult with your family physician, local Health Department and your Student Health Center for vaccine information.

¹ Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia or New Zealand.