

Is the patient under the care of a medical specialist for any medical condition? Yes No

If yes, please explain: _____

Is the patient under treatment for any psychological condition? Yes No

Diagnosis: _____

Do you have any recommendations regarding the care of this patient? Yes No

Recommendations for physical activity/athletics: Unlimited Limited

Explanation: _____

Medications: (please list below) None

Allergies: (please list below) None Known

A complete immunization record must accompany this form. Please confirm that the student has received all required immunizations. NOTE: Meningococcal B is a newer vaccine and is required. We recommend Bexsero as it only requires 30 days between doses.

Physician's Signature: _____

Practice Name: _____

Practice Address: _____

Practice Phone Number / Fax Number: _____ / _____

REQUIRED Immunizations

Please attach documentation of the immunizations. Students will need to enter this data into the student health portal. Please note, if you require a second dose of any immunization, you will need to supply documentation of this dose to SHAW. If your doctor's office does not have this immunization, we suggest contacting your local Public Health Department or local pharmacy. International students whose countries do not provide certain immunizations will have an opportunity to schedule needed vaccines upon arrival. Requests for exemption can be sent to shaw@grinnell.edu.

Measles/Mumps/Rubella (MMR)

MMR is a 2 dose series. First dose must have been received **after** 12 months of age to qualify

Meningococcal Quadrivalent (A, C, W, Y)

Last dose must have been within the past 5 years

- Menactra
- Menveo
- Men ACWY

Serogroup Meningococcal B

Must receive 2 doses.

Bexsero (2 dose series, 30 days between doses)

Trumenba (2 dose series, 6 months between doses)

Tetanus, Diphtheria, Pertussis

Last dose must have been within 10 years

- Td
- Tdap

Varicella

Varicella is a 2 dose series. First dose must have been **after** 12 months of age to qualify

If you had the chicken pox disease, a physician **must** verify the date of disease (month/day/year) to eliminate the need for vaccination. ***Titers can be obtained as proof of immunity. NOTE: Laboratory results of titers must accompany this form.***

Tuberculosis Screening *See next page for details

***Screening lab tests are not covered by insurance. Students are responsible for the cost of testing.**

RECOMMENDED Immunizations

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Human Papillomavirus (HPV) Vaccine
- Polio Vaccine
- COVID-19

Grinnell College **strongly** encourages all students to be fully vaccinated (including a booster dose)

Tuberculosis Screening

Please complete the [online](#) Tuberculosis Screening form.

As some students may be going to a physician before they complete the form, the questions are provided here.

If you answer yes to any of the below questions, you will need the Clinical Assessment Form (see next page).

1. Have you ever had a positive Tuberculin skin test (PPD)?
2. Have you had close contact with someone who was diagnosed with Tuberculosis?
Close contact is defined as having shared air space with an individual with Tuberculosis in an indoor setting for more than 15 hours per week.
3. Were you born in one of the countries listed below AND arrived in the U.S. within the past 5 years?
4. Have you traveled or lived for more than 1 month in one or more of the countries listed below? If yes, please check the country below.
5. Have you ever been vaccinated with BCG?
6. You have spent significant time (over 30 days??) in one of the below countries in the last 5 years.

World Health Organization (WHO): List of High-Risk Tuberculosis Exposure Countries

Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, China, Hong Kong Special Administrative Region, China, Macao Special Administrative Region, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, , Eritrea, Eswatini, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Kazakhstan, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mexico, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Niue, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Tajikistan, Thailand, Timor-Leste, Togo, Tunisia, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

