

This form is part of the admissions process, and it must be fully completed, front and back. Once completed, mail to Mercer University, Student Health Center, 1400 Coleman Avenue, Macon, Georgia 31207 • Telephone: (478) 301-2696 • Fax: (478) 301-2116
To view a copy of the university policy, go to www.mercer.edu/shc

Date _____ Social Security Number _____ - _____ - _____
Name _____
Last First Middle
Date of Birth _____ Phone (_____) _____
Permanent Address _____
Street City State Zip
Emergency Contact Person _____
Address _____
Street City State Zip
Relationship of Contact Person _____ Phone (_____) _____

REQUIRED IMMUNIZATIONS

Mercer University requires all **students born after 1956** to present proof of immunity to Measles (rubeola), Mumps, and Rubella. The first vaccination must have been after 12 months of age, and the second must be at least 30 days after the first.

MMR Dose #1 M/D/Y _____ Dose #2 M/D/Y _____

Or If immunizations were given separately, you must have dates (M/D/Y) for two measles, two mumps, and one rubella vaccination: Measles #1 _____, Measles #2 _____,
Mumps #1 _____, Mumps #2 _____,
Rubella _____.

Or Positive antibody titers (IgG); copy of lab report must be attached.

Measles (Rubeola) titer: Date _____

Mumps titer: Date _____

Rubella titer: Date _____

Signature of Health Care Provider _____ Date _____
(REQUIRED, verifying that immunization dates are accurate.)

Print Name, address and telephone of Provider _____

(STAMP)

REQUIRED TUBERCULOSIS SCREENING IS ON REVERSE SIDE. It must also be completed and signed by a health care provider.

REQUIRED TUBERCULOSIS SCREENING

These questions must be assessed/verified by a health care provider. Some students will need a PPD (TB test); others will need only the screening.

1. Yes No Does the student have signs or symptoms of active TB disease?
If no, proceed to question two.

If yes, proceed with additional evaluation to exclude active TB disease, including PPD tuberculosis skin testing, chest x-ray and sputum evaluation as indicated.

2. Yes No Is the student a member of a high-risk group¹ or is the student entering the health profession? (includes MPH & MFT)
If no, stop. No further evaluation is needed at this time. Please sign and stamp below.
If yes, PPD tuberculosis skin test is required. A history of BCG vaccination should not preclude testing.

3. PPD Tuberculosis skin test: Date Given: _____ Date read: _____
Result: actual mm of induration, transverse diameter. "0" is no induration. _____
Interpretation (based on mm of induration and risk factors): Positive Negative

4. Chest x-ray (CXR) required if PPD is positive:
Date of CXR _____ Result: Normal CXR Abnormal CXR

Signature of Health Care Provider (required) _____ Date _____

Print Name and Address of Provider _____ Stamp _____

¹ **Categories of high-risk students** include students who have arrived within the last five years from countries where TB is endemic. It is easier to identify countries of **low** rather than high TB prevalence. Therefore, students who arrive from any country **EXCEPT** countries on the following list should be considered at high risk: American Samoa, Australia, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Jamaica, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Saint Kitts and Nevis, Saint Lucia, San Marino, Sweden, Switzerland, United Kingdom, USA, Virgin Islands. **Other categories of high-risk students** include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters, and those who have clinical conditions such as diabetes, chronic renal failure, leukemias, or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

RECOMMENDED IMMUNIZATIONS

These vaccinations are recommended, but not required:

Tetanus: Date of Last Td (tetanus) Vaccination _____ (A tetanus booster is recommended every 10 yrs.; Tdap is preferred.)

Meningitis: One dose upon entry into college for freshmen living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any undergraduate less than 25 years who wishes to reduce the risk of disease should consider the vaccine. Students with immunodeficiency such as complement deficiency or asplenia should receive vaccine every 3-5 years.

Meningitis Vaccine: Date of Vaccination _____

Hepatitis B: Dates of Vaccinations (3) _____

Chickenpox: Dates of Vaccinations (2) _____

Health Insurance Requirement: All Mercer students, except those enrolled in the Regional Academic Centers or distance learning programs, are automatically enrolled in the University sponsored student health insurance plan. Students are charged for the plan. To have the charge removed, students are required to show evidence of personal health insurance. To enter your personal insurance information, use your Mercer ID number to log onto BearPort.

This form is for use by Macon, Eastman & Savannah campuses only.

Send original form to:

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