

Marquette University Student Health Service
A Division of Student Affairs

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**MARQUETTE UNIVERSITY REQUIRED IMMUNIZATION RECORD,
TUBERCULOSIS SCREENING AND MEDICAL HISTORY FORM**

Welcome to Marquette University. The Student Health Service (SHS) provides students with a broad range of primary care, health promotion and disease prevention services. The SHS website provides helpful details: www.marquette.edu/shs

Enclosed you will find a pre-matriculation Immunization Record, Tuberculosis Screening and Medical History Forms. Marquette University **requires** all newly admitted or readmitted undergraduate, graduate, professional and transfer students to submit proof of the following:

- **1 Tetanus-Diphtheria Booster within the past 10 years**
- **2 MMR (measles, mumps, rubella) Vaccines OR 2 Measles, 1 Mumps, 1 Rubella Vaccine;**
Dose 1 on or after the first birthday; Dose 2 must be at least one month after the 1st dose.
If immunization date is not available, a laboratory report of a blood test (titer) showing immunity will be accepted.
Vaccine/Titer not required for those born prior to 1957.
- **History of Chickenpox Disease OR Varicella Vaccine OR positive blood Titer**
Two doses of vaccine if given after 13 years of age or 1 dose if given before 13 years of age
- **Tuberculosis Screening Questionnaire and results of Tuberculosis Testing/PPD if indicated**

In order to avoid delays, complete these forms or see your healthcare provider as soon as possible, especially if your immunizations are incomplete, and to get any required immunizations. Required immunizations are available from your healthcare provider, local health departments or the Marquette Student Health Service. You may contact SHS to arrange an appointment for any necessary immunizations and tests.

The information you submit will be maintained by the Student Health Service and will not be released to anyone without your knowledge and consent.

HEALTH SCIENCE, DENTAL, AND NURSING STUDENTS may be required by their department to receive additional immunizations. **Contact your department for specifications.**

Please return your completed forms to the address noted above 30 days prior to the start of your first session /term or immediately upon your arrival at Marquette University. **Failure to return your completed forms within 30 days after the start of your first session/term at Marquette will result in a medical hold preventing future registrations.**

Questions may be directed to: immunizations@marquette.edu or by calling the SHS at 414-288-7184.

PLEASE COMPLETE ALL PARTS OF THIS FORM AND MAKE A COPY OF THESE FORMS BEFORE SUBMITTING.

TUBERCULOSIS QUESTIONNAIRE

All newly admitted students are required to submit this completed form to the Student Health Service within 30 days of the start of the session/term of enrollment

NAME: _____ **MU ID#:** _____ **DATE:** _____

To answer the following questions, please refer to the list below which details the list of countries with high rates of TB.*

Afghanistan	Chad	Guinea	Macao SAR	Nigeria	Sri Lanka
Angola	China	Guinea-Biss	Macedonia	Niue	Sudan
Armenia	Columbia	Guyana	Madagascar	N. Mariana Is.	Suriname
Azerbaijan	Comoros	Haiti	Malawi	Pakistan	Swaziland
Bahamas	Congo	Herzegovina	Malaysia	Palau	Syrian A.R.
Bahrain	Congo, DR	Honduras	Maldives	Panama	Tajikistan
Bangladesh	Cote D'Ivoire	Hong Kong SAR	Mali	Papua N.G.	Tanzania UR
Belarus	Croatia	India	Marshall Is.	Paraguay	Thailand
Benin	Djibouti	Indonesia	Mauritania	Peru	Togo
Bhutan	Dominican Republic	Iran	Mauritius	Philippines	Tokelau
Bolivia	Ecuador	Kazakhstan	Micronesia	Portugal	Turkmenistan
Bosnia	El Salvador	Kenya	Moldova Rep.	Principe	Uganda
Botswana	Equ. Guinea	Kiribati	Mongolia	Romania	Ukraine
Brazil	Eritrea	Korea, DPR	Morocco	Russian Fed.	Uzbekistan
Brunei Dar.	Estonia	Korea Rep.	Mozambique	Rwanda	Vanuata
Burkina Faso	Ethiopia	Kyrgyzstan	Myanmar	Sao Tome	Vietnam
Burundi	Gabon	Lao PDR	Namibia	Senegal	Yemen
Cambodia	Georgia	Latvia	Nepal	Sierra Leone	Zambia
Cameroon	Ghana	Lesotho	N. Caledonia	Soloman Is.	Zimbabwe
Cape Verde	Guam	Liberia	Nicaragua	Somalia	
Cen. Afr. Rep.	Guatemala	Lithuania	Niger	So. Africa	

*World Health Organization. Global Tuberculosis Control. WHO Report 2002.

1. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis (TB)? YES NO
2. Were you born in one of the countries on the above list? YES NO
3. Have you lived or traveled for more than one month in any of the countries on the above list? YES NO

If you have answered YES to any of the above questions, a PPD (Mantoux) skin test is required, even if you have had BCG vaccination in the past. Test must have been performed within one year before enrollment and must be completed in the United States.

This test will be available, if necessary, at the Marquette Student Health Service after you arrive on campus. Please contact SHS by telephone (414-288-7184) for an appointment.

Health Care Provider must complete and sign below as proof of test:

TB (PPD) Skin Test	Skin Test Result (size of induration)	Chest X-Ray Required if TB skin test is positive	Health Care Provider	Treatment (if any)
Date Administered: _____	_____ mm	_____ Date of X-ray	Signature _____	
Date Test Read: _____	Signature of Health Care Provider _____	Result: NEG POS (attach copy of written report)	Address: _____ _____ _____	

