

# CMU-SV Supplemental Immunization Form

**INSTRUCTIONS:** All full-time students must meet the [university's immunization requirements](#). The student should **TYPE** in all of the fields needed, print the document, and bring to a doctor if necessary. The form should then be uploaded to the student's Departmental Onboarding Canvas site for review by university personnel. Please do not upload or attach any additional immunization information (like immunization records, etc.).

## STUDENT INFORMATION | Student, please type in all fields below.

Last (Family) Name:

First (Given) Name:

Date of Birth (MM/DD/YY):

Andrew ID:

Address (Street, City, State/Province, Country, ZIP Code):

Your program:  MS ECE  MS SE  MS TV  MS SM  MS MITE  MS ITIS

*I confirm that I am a full-time student, planning to study at Carnegie Mellon University in Silicon Valley. I understand I must meet all of the requirements below by the necessary deadlines in order to attend, and I confirm that all of the information below is accurate, to the best of my knowledge.*

Your initials here, as confirmation: \_\_\_\_\_

## REQUIRED VACCINES

### MMR Vaccines | MEASLES, MUMPS, RUBELLA

You must complete all of one option, A, B, or C, to meet this requirement. Please type in the dates (MM/DD/YYYY) as required. Two doses of MMR vaccine, or 2 doses of separate measles and mumps vaccine and one dose of rubella vaccine, or positive measles, mumps and rubella IgG surface antibodies, meets the requirement. *If you have not met the requirement, please show this form to a medical professional for assistance.*

**A. I was administered MMR vaccines at least 28 days apart:**  Yes  No  
Date #1: \_\_\_\_\_ Date #2: \_\_\_\_\_

**B. I was administered these vaccines at least 28 days apart:**  Yes  No  
Measles Date #1: \_\_\_\_\_ Date #2: \_\_\_\_\_  
Mumps Date #1: \_\_\_\_\_ Date #2: \_\_\_\_\_  
Rubella Date #1: \_\_\_\_\_

**C. I was tested for MMR and received the following results on the dates below:**  Yes  No  
Measles IgG surface antibody Date #1: \_\_\_\_\_ Result:  Reactive  Non-reactive  
*(If non-reactive, must receive 2 doses of MMR vaccine administered 28 days apart, complete B. above)*  
Mumps IgG surface antibody Date #1: \_\_\_\_\_ Result:  Reactive  Non-reactive  
*(If non-reactive, must receive 2 doses of MMR vaccine administered 28 days apart, complete B. above)*  
Rubella IgG surface antibody Date #1: \_\_\_\_\_ Result:  Reactive  Non-reactive  
*(If non-reactive, must receive 1 dose of MMR vaccine, complete B. above)*

## Varicella (Chickenpox) Vaccines

You must have completed all of one option, A, B, C, or D, to meet this requirement. Please type in the dates (MM/DD/YYYY) as required. Birth in the U.S. before 1980, or a history of chicken pox disease, a positive varicella IgG surface antibody, or two doses of vaccine meets the requirement. *If you have not met the requirement, please show this form to a medical professional for assistance.*

**A. Were you born in the U.S. before 1980?**  Yes  No

**B. Have you ever had the chicken pox?**  Yes  No

Date of diagnosis: \_\_\_\_\_

**C. I have been tested for the Varicella IgG surface antibody**  Yes  No

Date: \_\_\_\_\_ Result:  Reactive  Non-reactive

*If non-reactive, must receive 2 doses of varicella vaccine, complete D. below*

**D. I was administered Varicella vaccines at least 12 weeks after first dose if ages 1-12 years and at least 4 weeks after first dose if age 13 years or older:**

Yes  No

Date #1: \_\_\_\_\_ Date #2: \_\_\_\_\_

## Tuberculosis (TB) Screening/Testing | Please answer Yes or No to ALL questions, A-F, below.

**A. Have you ever had close contact with persons known or suspected to have active TB disease?**

Yes  No

**B. Were you born in one of the countries listed below that have a high incidence of active TB disease?**

Yes  No

If yes, list the country here: \_\_\_\_\_

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Afghanistan                      | <input type="checkbox"/> Colombia                              | <input type="checkbox"/> Honduras                         | <input type="checkbox"/> Myanmar                  |
| <input type="checkbox"/> Albania                          | <input type="checkbox"/> Comoros                               | <input type="checkbox"/> India                            | <input type="checkbox"/> Namibia                  |
| <input type="checkbox"/> Algeria                          | <input type="checkbox"/> Congo                                 | <input type="checkbox"/> Indonesia                        | <input type="checkbox"/> Nauru                    |
| <input type="checkbox"/> Angola                           | <input type="checkbox"/> Côte D'Ivoire                         | <input type="checkbox"/> Iraq                             | <input type="checkbox"/> Nepal                    |
| <input type="checkbox"/> Anguilla                         | <input type="checkbox"/> Democratic People's Republic of Korea | <input type="checkbox"/> Kazakhstan                       | <input type="checkbox"/> Nicaragua                |
| <input type="checkbox"/> Argentina                        | <input type="checkbox"/> Democratic Republic of the Congo      | <input type="checkbox"/> Kenya                            | <input type="checkbox"/> Niger                    |
| <input type="checkbox"/> Armenia                          | <input type="checkbox"/> Djibouti                              | <input type="checkbox"/> Kiribati                         | <input type="checkbox"/> Nigeria                  |
| <input type="checkbox"/> Azerbaijan                       | <input type="checkbox"/> Dominican Republic                    | <input type="checkbox"/> Kuwait                           | <input type="checkbox"/> Niue                     |
| <input type="checkbox"/> Bangladesh                       | <input type="checkbox"/> Ecuador                               | <input type="checkbox"/> Kyrgyzstan                       | <input type="checkbox"/> Northern Mariana Islands |
| <input type="checkbox"/> Belarus                          | <input type="checkbox"/> El Salvador                           | <input type="checkbox"/> Lao People's Democratic Republic | <input type="checkbox"/> Pakistan                 |
| <input type="checkbox"/> Belize                           | <input type="checkbox"/> Equatorial Guinea                     | <input type="checkbox"/> Latvia                           | <input type="checkbox"/> Palau                    |
| <input type="checkbox"/> Benin                            | <input type="checkbox"/> Eritrea                               | <input type="checkbox"/> Lesotho                          | <input type="checkbox"/> Panama                   |
| <input type="checkbox"/> Bhutan                           | <input type="checkbox"/> eSwatini                              | <input type="checkbox"/> Liberia                          | <input type="checkbox"/> Papua New Guinea         |
| <input type="checkbox"/> Bolivia (Plurinational state of) | <input type="checkbox"/> Ethiopia                              | <input type="checkbox"/> Libya                            | <input type="checkbox"/> Paraguay                 |
| <input type="checkbox"/> Bosnia and Herzegovina           | <input type="checkbox"/> Fiji                                  | <input type="checkbox"/> Lithuania                        | <input type="checkbox"/> Peru                     |
| <input type="checkbox"/> Botswana                         | <input type="checkbox"/> French Polynesia                      | <input type="checkbox"/> Madagascar                       | <input type="checkbox"/> Philippines              |
| <input type="checkbox"/> Brazil                           | <input type="checkbox"/> Gabon                                 | <input type="checkbox"/> Malawi                           | <input type="checkbox"/> Portugal                 |
| <input type="checkbox"/> Brunei Darussalam                | <input type="checkbox"/> Gambia                                | <input type="checkbox"/> Malaysia                         | <input type="checkbox"/> Qatar                    |
| <input type="checkbox"/> Bulgaria                         | <input type="checkbox"/> Georgia                               | <input type="checkbox"/> Maldives                         | <input type="checkbox"/> Republic of Korea        |
| <input type="checkbox"/> Burkina Faso                     | <input type="checkbox"/> Ghana                                 | <input type="checkbox"/> Mali                             | <input type="checkbox"/> Republic of Moldova      |
| <input type="checkbox"/> Burundi                          | <input type="checkbox"/> Greenland                             | <input type="checkbox"/> Marshall Islands                 | <input type="checkbox"/> Romania                  |
| <input type="checkbox"/> Cabo Verde                       | <input type="checkbox"/> Guam                                  | <input type="checkbox"/> Mauritania                       | <input type="checkbox"/> Russian Federation       |
| <input type="checkbox"/> Cambodia                         | <input type="checkbox"/> Guatemala                             | <input type="checkbox"/> Mexico                           | <input type="checkbox"/> Rwanda                   |
| <input type="checkbox"/> Cameroon                         | <input type="checkbox"/> Guinea                                | <input type="checkbox"/> Micronesia (Federated States of) | <input type="checkbox"/> Sao Tome and Principe    |
| <input type="checkbox"/> Central African Republic         | <input type="checkbox"/> Guinea-Bissau                         | <input type="checkbox"/> Mongolia                         | <input type="checkbox"/> Senegal                  |
| <input type="checkbox"/> Chad                             | <input type="checkbox"/> Guyana                                | <input type="checkbox"/> Morocco                          | <input type="checkbox"/> Sierra Leone             |
| <input type="checkbox"/> China                            | <input type="checkbox"/> Haiti                                 | <input type="checkbox"/> Mozambique                       | <input type="checkbox"/> Singapore                |
| <input type="checkbox"/> China, Hong Kong SAR             |  |   | <input type="checkbox"/> Solomon Islands          |
| <input type="checkbox"/> China, Macao SAR                 |  |   | <input type="checkbox"/> Somalia                  |

- |                                       |  |  |                                   |
|---------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> South Africa | <input type="checkbox"/> Tanzania (United Republic of) | <input type="checkbox"/> Uganda                                | <input type="checkbox"/> Viet Nam |
| <input type="checkbox"/> South Sudan  | <input type="checkbox"/> Thailand                      | <input type="checkbox"/> Ukraine                               | <input type="checkbox"/> Yemen    |
| <input type="checkbox"/> Sri Lanka    | <input type="checkbox"/> Timor-Leste                   | <input type="checkbox"/> Uruguay                               | <input type="checkbox"/> Zambia   |
| <input type="checkbox"/> Sudan        | <input type="checkbox"/> Togo                          | <input type="checkbox"/> Uzbekistan                            | <input type="checkbox"/> Zimbabwe |
| <input type="checkbox"/> Suriname     | <input type="checkbox"/> Tunisia                       | <input type="checkbox"/> Vanuatu                               |                                   |
| <input type="checkbox"/> Swaziland    | <input type="checkbox"/> Turkmenistan                  | <input type="checkbox"/> Venezuela (Bolivarian<br>Republic of) |                                   |
| <input type="checkbox"/> Tajikistan   | <input type="checkbox"/> Tuvalu                        |  |                                   |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en>

**C. Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease?**

- Yes       No

If yes, list the country here: \_\_\_\_\_

**D. Have you been a resident and/or employee of a high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?**

- Yes       No

**E. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?**

- Yes       No

**F. Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?**

- Yes       No

**If the answer is YES to any of the above questions,** we require that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. We accept a negative tuberculin skin test or a negative IGRA blood test completed no longer than 6 months before the start of your classes at CMU-SV.

**If the answer to all of the above questions is NO,** no further testing or further action is required.

*\*The significance of the travel exposure should be discussed with a health care provider and evaluated.*

## RECOMMENDED VACCINES

For a list of additional recommended vaccines such as Hepatitis A, Hepatitis B, and Tdap, please refer to the University website: <https://www.cmu.edu/health-services/new-students/index.html#immunizations>