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:
   Date #1: [ ]
   Date #2: [ ]
   Yes [ ]
   No [ ]

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

C. I was tested for MMR and received the following results on the dates below:
   Measles IgG surface antibody Date #1: [ ]
   Result: [ ]
   Yes [ ]
   No [ ]
   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: [ ]
   Yes [ ]
   No [ ]
   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: [ ]
   Yes [ ]
   No [ ]
   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?
   Date of diagnosis: 
   [ ] Yes  [ ] No

C. I have been tested for the Varicella IgG surface antibody
   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:
   Date #1: 
   Date #2: 
   [ ] Yes  [ ] No

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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:
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.*

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**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](https://www.cmu.edu/health-services/new-students/index.html#immunizations)