

# PRE-REGISTRATION IMMUNIZATION REQUIREMENTS FORM

This form **MUST** be completed and **RETURNED** to Curry Health Center **PRIOR** to orientation/registration.

Telephone: (406) 243-4330  
FAX: (406) 243-2254

Curry Health Center  
634 Eddy Ave., Missoula, MT 59812

www.umt.edu/curry/medical  
MedReception@mso.umt.edu

If after viewing our website, you still have questions about this form or complying with requirements email to above address.

Use Ink Only, Please Print or Type SOC SEC# \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First name in full Middle

Current Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ Sex M  F

Previously Enrolled at the University of Montana? Yes No If Yes, Under What Name \_\_\_\_\_ Last Year Attended \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

## I. MMR VACCINATION REQUIREMENT

Required by Montana Law for all students born after 1956. If born in 1956 or before initial here: \_\_\_\_\_ and proceed to section II.

### TO COMPLY YOU MAY EITHER:

1. Have this section completed and signed by a health care provider *OR*
2. Attach a legible copy of an **official immunization record** (medical record, high school record, etc.) to this form and return to Curry Health Center.

**MMR** (Measles, Mumps, Rubella) **Date**  
Dose 1 - Immunized at least 12 months after birth or later \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose 2 - Immunized at least 30 days after Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEASLES** (Rubeola) **If given instead of MMR**  
Two doses of vaccine given after 1971  
1<sup>st</sup> dose after age 12 mo - 2<sup>nd</sup> dose at least 30 days later  
1<sup>st</sup> dose **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> dose **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**OR**

Certification by physician of having the disease  
**Date of disease:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**  
Certification by physician indicating immunity to Rubeola  
**Date of test:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Results:** \_\_\_\_\_

**RUBELLA** **If given instead of MMR**  
Two doses of vaccine given after 1971  
1<sup>st</sup> dose after age 12 mo - 2<sup>nd</sup> dose at least 30 days later  
1<sup>st</sup> dose **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> dose **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**OR**

Certification by physician of having the disease  
**Date of disease:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**  
Certification by physician indicating immunity to Rubella  
**Date of test:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Results:** \_\_\_\_\_

**REQUIRED** Signature of **healthcare provider** including TITLE for the written information (if official immunization record not enclosed).

Provider Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

## II. TUBERCULOSIS SCREENING REQUIREMENT

Were you born in or have you lived for at least **one year** in a country **NOT** included in the list below? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Date of last year in country of risk \_\_\_\_\_ Country \_\_\_\_\_

**If yes**, tuberculosis testing must be performed **after** departure from an at risk country. This test **must be performed in a United States medical facility** and documentation of testing must include verified date and millimeter reading.

### Exceptions:

Albania	American Samoa	Andorra	Antigua & Barbuda	Australia	Austria
Barbados	Belgium	Bermuda	British & US Virgin Islands	Canada	Albania
Chile	Cook Islands	Costa Rica	Cuba	Cyprus	Czech Republic
Denmark	Dominica	Finland	France	Germany	Greece
Grenada	Hungary	Iceland	Ireland	Israel	Italy
Jamaica	Jordan	Lebanon	Libyan Arab Jamahiriya	Luxembourg	Malta
Monaco	Montserrat	Netherlands	New Zealand	Norway	Puerto Rico
Saint Kitts & Nevis	Saint Lucia	Samoa	San Marino	Slovakia	Slovenia
Sweden	Switzerland	Trinidad & Tobago	Turks & Caicos Islands	United Arab Emirates	United Kingdom
United States	US Virgin Islands				

**“RECOMMENDED” (Not Required) IMMUNIZATIONS**

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Guidelines for Recommendations	Dates of Injection
<p><b>Polio:</b> Polio is a serious illness caused by oral transmission of the virus to humans. There have been no cases of polio in the USA in the last 20 years. Therefore, the vaccination is only recommended for those traveling in countries where the poliovirus is endemic.</p>	<p><b>POLIO</b> (last date of series): <b>Date:</b> _____</p>
<p><b>Hepatitis B:</b> Hepatitis B is a virus that attacks the liver, leading to cirrhosis, liver cancer and even death. It is spread through contact with blood and body fluids of an infected person. This contact may occur with unprotected sex, sharing needles when injecting drugs, accidental contact with blood through cuts or needle stick injuries and from mother to baby. The hepatitis B vaccine is highly recommended to help prevent this disease.</p>	<p><b>HEPATITIS B</b> 1<sup>st</sup> <b>Date:</b> _____ 2<sup>nd</sup> <b>Date:</b> _____ 3<sup>rd</sup> <b>Date:</b> _____ Titer: Results: _____ <b>Date:</b> _____</p>
<p><b>Meningococcal:</b> Meningococcal disease is very serious and is caused by bacteria. Infection can lead to severe health problems like seizures, strokes, neurological problems and possibly death. The CDC has found that college freshman, living in dormitories are at higher risk of getting this disease. The meningococcal vaccine can prevent 2 of the 3 most common types of meningococcal disease in the USA. Duration of protection is 3-5 years.</p>	<p><b>MENINGOCOCCAL</b> <b>Date:</b> _____</p>
<p><b>Pneumococcal:</b> Pneumococcal disease can cause illness and death. These bacteria can lead to pneumonia, infection in the blood and in the brain coverings. It kills more people in the USA each year than all other vaccine-preventable diseases combined. Students with chronic health problems are at higher risk for contracting this disease. Pneumococcal vaccine protects against 23 types of Pneumococcal bacteria.</p>	<p><b>PNEUMOCOCCAL</b> <b>Date:</b> _____</p>
<p><b>Diphtheria-Tetanus:</b> Tetanus (lockjaw) is a potentially fatal disease of the central nervous system caused by an organism that enters the body through cuts and wounds. Diphtheria is a serious illness, is highly contagious and can cause respiratory problems, heart failure, paralysis and even death. Vaccination is the best protection against these diseases. Repeat vaccination is recommended every ten years.</p>	<p><b>DIPHTHERIA-TETANUS</b> (Td or Tdap) date of last vaccine One (1) immunization within last 10 years <b>Date:</b> _____</p>
<p><b>Varicella (Chicken Pox) :</b> The chickenpox virus can be spread from person to person through the air or by contact with fluid from chickenpox blisters. It can lead to severe skin infection, scars, pneumonia, brain damage or death. A person who has had chickenpox can get a painful rash called shingles years later. Many college students are immune to chickenpox as a result of past exposure. Therefore a blood test is recommended to check for immunity to chickenpox before a vaccine is administered.</p>	<p><b>VARICELLA (Chicken Pox)</b>  Titer: Results: _____ <b>Date:</b> _____  If Negative: 1<sup>st</sup> <b>Date:</b> _____ 2<sup>nd</sup> <b>Date:</b> _____</p>
<p><b>Hepatitis A:</b> Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. Hepatitis A can cause a mild "flu-like" illness, jaundice (yellow skin or eyes), severe stomach pains and diarrhea. This vaccine is recommended for those who are traveling or live in endemic areas, for men who have sex with men, IV drug users, persons with chronic liver disease and persons who receive clotting factor concentrates. Protection is thought to be lifelong.</p>	<p><b>HEPATITIS A</b>  1<sup>st</sup> dose <b>Date:</b> _____ 2<sup>nd</sup> dose <b>Date:</b> _____</p>
<p><b>HPV:</b> A vaccine indicated in girls and women 9-26 years of age for the prevention of cervical cancers and genital warts caused by the Human Papillomavirus (HPV) types 6, 11, 16, and 18. The CDC estimates that 50 % of sexually active people catch HPV during their lifetime. A male or female of any age who takes part in any kind of sexual activity that involves genital contact is at risk. Many people who have HPV may not show any signs or symptoms. This means they can pass the virus on to others and not know it. The HPV vaccine, Gardasil, is also licensed, safe, and effective for males ages 9 through 26 years. Young men may choose to get this vaccine to prevent genital warts.</p>	<p>1<sup>st</sup> dose <b>Date:</b> _____ 2<sup>nd</sup> dose <b>Date:</b> _____ 3<sup>rd</sup> dose <b>Date:</b> _____</p>