

Freshman Immunization Checklist

Healthy Cards are HAPPY Cards!

| Required Immunizations | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| | Tdap | | | | | |
| _ | · · | 1 dose within the last 10 years | | | | |
| | MMR | | | | | |
| | 0 | Two doses of vaccine OR | | | | |
| | 0 | Positive antibody blood tests | | | | |
| | Hepatitis B | | | | | |
| | | 3 Doses of Hepatitis B vaccine OR | | | | |
| | | Positive antibody blood test | | | | |
| | | | | | | |
| | | 2 doses of vaccine OR | | | | |
| | 0 | Positive antibody blood test OR | | | | |
| | | Physician Documentation of disease | | | | |
| | | | | | | |
| | 0 | 1 dose after the age of 16 | | | | |
| | | coccal B (two dose vaccination series) | | | | |
| | | | | | | |
| Tuhai | rculosis | Screening | | | | |
| Tube | Culosis | o Screening | | | | |
| | TB Screening Questionnaire | | | | | |
| | (Available at orientation or on our website at www.louisville.edu/campushealth) | | | | | |
| | • | | | | | |
| Additional Suggested immunizations | | | | | | |
| | | | | | | |
| u | | nfluenza Shot | | | | |
| | Hepatitis A (two dose vaccination series) | | | | | |
| | | Papilloma Virus (three dose vaccination series) | | | | |
| | COVID-19 | 9 Vaccine (2-dose series or 1-dose J&J vaccines) | | | | |
| Цом | ta Subs | mit Records: | | | | |
| HUW | เบ วนมา | iiit neturus. | | | | |
| 1.Go to | https://lo | uisvilleportal.pointnclick.com, Log in with UlinkID@Louisville.edu (a0bcde02@louisville.edu)and associated | | | | |

1.Go to https://louisville.edu) associated password.

2. Select Add Immunization Record to upload documents and enter dates of vaccinations.

For explanation of immunization requirements or FAQs please visit www.louisville.edu/campushealth

N:\Shared Data\CommonHSO\Immunization Program\Freshman\Admin.Forms\Freshman Immunization Requirements with Campus Health Services.docx

Incoming Student Tuberculosis Screening Questionnaire University of Louisville

| Name: | DOB: | Student ID: | | |
|---|--|---|---|------|
| Please answer the following | ing questions: | | | |
| Have you ever had close conta | act with anyone known or suspecte | ed to have active tuberculosis? | ☐ Yes | ☐ No |
| Were you born in one of the co | ☐ Yes | □ No | | |
| Afghanistan Algeria Angola Anguilla Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Rep Chad China China, Hong Kong SAR China, Macao SAR Congo Côte d'Ivoire Djibouti Dominican Republic Ecuador EI Salvador | Equatorial Guinea Eritrea Ethiopia Fiji French Polynesia Gabon Gambia Greenland Georgia Ghana Greenland Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras Honk Kong (SAR China) India Indonesia Iran (Islamic Republic of) Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya | Lithuania Macau (SAR China) Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mexico Micronesia Moldova Mongolia Montenegro Morocco Mozambique Myanmar Namibia Nauru Nepal Nicaragua Niger Nigeria Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peoples Republic of N or S Korea Peru Philippines Romania Russian Federation | Rwanda Sao Tome and Principe Senegal Serbia Sierra Leone Singapore Solomon Islands Somalia South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Tajikistan Tanzania Thailand Timor-Leste Togo Trinidad and Tobago Turkmenistan Tuvalu Uganda Ukraine Uzbekistan Vanuatu Venezuela Viet Nam Yemen Zambia Zimbabwe | |
| Have you had frequent or prol | ☐ Yes | □ No | | |
| Have you been a resident and | /or employee in a high risk congre | gate setting? | ☐ Yes | □ No |
| Have you been a volunteer or risk for active TB disease? | health-care worker who served clie | ents at an increased | ☐ Yes | □ No |
| | er of any of the following groups that losis infection or active TB disease alcohol? | | □ Yes | □ No |

If you answered YES to any of the above questions, you are required to get testing for tuberculosis as soon as possible but no later than the start of semester

If you answered NO to ALL of the questions above, you do not need any further TB testing.