Campus Health Services

Freshman Immunization Checklist

Required Immunizations

- Tdap
  - 1 dose within the last 10 years
- MMR
  - Two doses of vaccine OR
  - Positive antibody blood tests
- Hepatitis B
  - 3 Doses of Hepatitis B vaccine OR
  - Positive antibody blood test
- Varicella (Chickenpox) Vaccine
  - 2 doses of vaccine OR
  - Positive antibody blood test OR
  - Physician Documentation of disease
- Quadrivalent Meningococcal Vaccine
  - 1 dose after the age of 16
- Meningococcal B (two dose vaccination series)

Tuberculosis Screening

- TB Screening Questionnaire
  - Complete and submit with Immunization documents.

Additional Suggested immunizations

- Annual Influenza Shot
- Hepatitis A (two dose vaccination series)
- Human Papilloma Virus (three dose vaccination series)
- COVID-19 Vaccine (2-dose series or 1-dose J&J vaccines)

How to Submit Records:

1. Bring a copy to your scheduled Orientation.
2. Email documents to vaccinerecords@louisville.edu

For explanation of immunization requirements or FAQs please visit
www.louisville.edu/campushealth
Incoming Student Tuberculosis Screening Questionnaire  
University of Louisville

Name: _______________________________ DOB: ________________   Student ID: ____________________

Please answer the following questions:

Have you ever had close contact with anyone known or suspected to have active tuberculosis?  

☐ Yes  ☐ No

Were you born in one of the countries or territories listed below that have a high incidence of tuberculosis? (If yes, please CIRCLE the country below)

Algeria  Djibouti  Lithuania  Russian Federation
Angola  Dominican Republic  Madagascar  Rwanda
Argentina  Ecuador  Malawi  Sao Tome and Principe
Armenia  El Salvador  Malaysia  Senegal
Azerbaijan  Equatorial Guinea  Maldives  Sierra Leone
Bangladesh  Eritrea  Mali  Singapore
Belarus  Eswatini  Marshall Islands  Solomon Islands
Belize  Ethiopia  Mauritania  Somalia
Benin  Fiji  Mexico  South Africa
Bhutan  Gabon  Micronesia  South Sudan
Bolivia  Gambia  Mongolia  Sri Lanka
Bosnia and Herzegovina  Georgia  Morocco  Sudan
Botswana  Ghana  Mozambique  Suriname
Brazil  Guatemala  Myanmar  Tajikistan
Brunei Darussalam  Guinea  Namibia  Thailand
Burkina Faso  Guinea-Bissau  Nauru  Timor-Leste
Burundi  Guyana  Nepal  Togo
Cabo Verde  Haiti  Nicaragua  Tunisia
Cambodia  Honduras  Niger  Turkmenistan
Cameroon  India  Nigeria  Tuvalu
Central African Republic  Indonesia  Niue  Uganda
Chad  Iraq  Pakistan  Ukraine
China  Kazakhstan  Palau  United Republic of Tazania
China, Hong Kong SAR  Kenya  Panama  Uruguay
China, Macao SAR  Kiribati  Papua New Guinea  Uzbekistan
Colombia  Kuwait  Paraguay  Vanuatu
Comoros  Kyrgyzstan  Peru  Venezuela
Congo  Lao People’s Democratic Republic  Philippines  Viet Nam
Côte d’Ivoire  Republic of the Congo  Qatar
Democratic People’s Republic of Korea  Lesotho  Republic of Korea  Zambia
Democratic Republic of the Congo  Liberia  Republic of Moldova  Zimbabwe

Have you traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK the countries or territories, above)

☐ Yes  ☐ No

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

☐ Yes  ☐ No

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

☐ Yes  ☐ No

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 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.

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