

Campus Health Services

Freshman Immunization Checklist

Required Immunizations

Tdap					
0	1 dose within the last 10 years				
MMR					
0	Two doses of vaccine OR				
0	Positive antibody blood tests				
Hepatit	Hepatitis B				
0	3 Doses of Hepatitis B vaccine OR				
0	Positive antibody blood test				
Varicell	Varicella (Chickenpox) Vaccine				
0	2 doses of vaccine OR				
0	Positive antibody blood test OR				
0	Physician Documentation of disease				
Quadriv	Quadrivalent Meningococcal Vaccine				
0	1 dose after the age of 16				
Mening	Meningococcal B (two dose vaccination series)				

Tuberculosis Screening

- ☐ TB Screening Questionnaire
 - o 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

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:	ne: DOB: Student ID:				
Please answer the following	ng questions:				
Have you ever had close contact	☐ Yes	☐ No			
Were you born in one of the couthat have a high incidence of tu	☐ Yes	□ No			
Algeria Angola Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR China, Macao SAR Colombia Comoros Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo	Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Eswatini Ethiopia Fiji Gabon Gambia Georgia Ghana Guatemala Guinea Guinea GuineasIssau Guyana Haiti Honduras India Indonesia Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Lesotho Liberia Libya	Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mexico Micronesia Mongolia Morocco Mozambique Myanmar Namibia Nauru Nepal Nicaragua Niger Nigeria Niue Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Qatar Republic of Korea Republic of Moldova Romania	Rwa Sao Send Sieri Sold Souri Souri Sri L Suda Surii Tarjik Thai Timo Togo Tunk Turk Uga Ukra Unit Uruç Uzbo Vand Vend Vend Vend Vend Vend Vend Vend Ve	Tome and Principe egal ra Leone lapore mon Islands lalia th Africa th Sudan land land land land land land land l	
Have you traveled to one or mo of one to three months or more'	re of the countries or territories lis ? (If yes, CHECK the countries or	ted above for a period territories, above)	☐ Yes	□ No	
Have you been a resident, volume (e.g., correctional facilities, long	☐ Yes	□ No			
Have you been a volunteer or h risk for active TB disease?	☐ Yes	□ No			
Have you ever been a member of any of the following groups that may have an increased ncidence of latent M. Tuberculosis infection or active TB disease: medically underserved, ow-income, or abusing drugs or alcohol?					

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.