March 1, 2016

Dear New Student,

Congratulations on your acceptance to the University of San Diego. The University is committed to protecting the health and well-being of all our students. To achieve that goal, we require students to have the following immunizations: MMR and varicella. Additionally, we require that students read the provided information on meningococcal disease and notify us whether or not they have chosen to be vaccinated against this illness.

Meningococcal disease is very rare, but can cause serious, life threatening illness. It sometimes occurs in small outbreaks, generally among groups in close settings such as a college dormitory. Students who will live on campus should seriously consider the advantages of vaccination with Menactra®, Menomune® or Menveo® (the vaccines that cover the 4 most common strains of meningococcal disease). For more information about meningococcal vaccines, please see the meningococcal information located below and discuss with your health care provider.

Other immunizations, including up to date tetanus/pertussis, hepatitis A, hepatitis B, and Gardisil (HPV) vaccines are NOT REQUIRED for registration, but are recommended.

The deadline for submission of all information is July 1st; however, exceptions will be made for late admissions. There is a registration hold in place until a completed form is received.

Please send the form, completed and signed by a health care provider, to the Student Health Center at the address on the form or via scanned document to http://www.sandiego.edu/healthcenter/immunizations/.

If you or your healthcare provider has questions, please contact any of the Student Health Center staff at 619-260-4595.

Kimberly Woodruff, MD, MPH
Supervising Physician, Student Health Center
**Meningococcal Vaccines**

**How many people get the disease? Who is likely to get it?**
Meningococcal disease is a rare but serious disease. An estimated 1,000 people get meningococcal disease each year in the U.S., with 130 to 200 of them in California. After infancy, older adolescents and young adults have the highest rate of meningococcal disease. **Students under age 21 living in dorms are particularly at risk.**

**How serious is it?**
Even if treated, 10—12% of people who get meningococcal disease will die from it. Of the survivors, 11—19% lose their arms or legs, become deaf or brain damaged, or suffer other complications.

**How are Meningococcal bacteria spread?**
The bacteria are spread from person to person through air droplets. Close contact such as kissing, coughing, smoking, and living in crowded conditions (like dorms) can increase your risk of getting the disease. Overall, 5—10% of the U.S. population has the meningococcal bacteria in their throat, but only a few of them get sick. No one knows why some people get sick and others don’t.

**How can I protect myself?**
You can protect yourself by:
- Not sharing items that have touched someone else’s mouth, such as cups, bottles, cigarettes, lip balm, and eating utensils;
- Not smoking; and
- Getting the meningococcal conjugate vaccine. The Centers for Disease Control and Prevention (CDC) recommends one dose at age 11 or 12 and a booster at age 16. **If you missed your shot after turning 16, get it now.**

**What strains are covered by the meningococcal vaccine?**
Meningococcal vaccine (Menactra®, Menomune® or Menveo®) is at least 85% effective at preventing meningococcal disease caused by strains A,C,Y, and W-135. These strains account for 4 of the 5 most common strains of meningococcal disease. The other strain is serotype B, and in 2014-2015 there were outbreaks on multiple college campuses caused by this strain. An additional vaccine (Bexsero® or Trumenba®) that covers this strain was recently approved by the FDA, but is only recommended for high risk individuals or in known outbreaks ([http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html)). Please discuss the need for this new vaccine with your health care provider.

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**For more information:**
Centers for Disease Control and Prevention: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
American College Health Association: [www.acha.org](http://www.acha.org)
IMMUNIZATION AND TB VERIFICATION FORM – Fall 2016-Spring 2017

Name ___________________________________________________________________ Student ID# ______________________________

(Last)    (First)

Date of Birth ___/___/___     Student’s phone_________________________ Student’s Email ________________________

□ Male    □ Female □ Freshman □ Sophomore □ Junior □ Senior □ Graduate □ Law □ ELA □ Paralgl □ On-Campus □ Off-Campus

TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

PART 1: TUBERCULOSIS TESTING
The patient has screened negative for being high risk for TB exposure and TB testing is NOT being requested. If your assessment deems otherwise please include your tuberculosis testing here:

Tuberculosis Skin Test:  Date Given: ____/____/____  Date Read: ____/____/____

Result: _____ (mm of induration)        Interpretation: negative  positive**

OR

Quantiferon:  Date performed: ____/____/____       Results: negative  positive**

** If the Tuberculosis Skin Test or Quantiferon test is positive, a Chest X-Ray is required

CXR result: normal _____ abnormal _____ Date obtained ___/___/___

** If either current PPD or Quantiferon are positive, has the patient chosen to start INH therapy?
Yes ___   No ____     Start Date ___/___/___

PART 2: REQUIRED IMMUNIZATIONS

M.M.R.:  1st Dose: ____/____/____

2nd Dose: ____/____/____  OR  positive titer: ____/____/____

VARICELLA (Chicken Pox):  Year of disease: ______,

OR  1st Dose: ____/____/____

2nd Dose: ____/____/____  OR  a positive titer: ____/____/____

MENINGOCOCCAL (Menactra, Menomune, or Menevo):  Dose after age 16.  Date: ___/___/___  OR  student can sign this waiver: I have read the information on meningococcal vaccine and understand the risks of the illness and the benefits of the vaccine. I am choosing at this time not to be vaccinated for meningococcal disease.

Student’s Signature: ______________________________

PART 3: OTHER VACCINATIONS RECEIVED:

Last Tetanus Booster: ____/____/____

Last Pertussis Booster: ____/____/____

HEPATITIS B:  1st Dose: ____/____/____

2nd Dose: ____/____/____  3rd Dose: ____/____/____

HEPATITIS A:  1st Dose: ____/____/____

2nd Dose: ____/____/____

HPV:  1st Dose: ____/____/____

2nd Dose: ____/____/____  3rd Dose: ____/____/____

___________________________________________________________________________________________________________________________

Name of Provider        Date

___________________________________________________________________________________________________________________________

Signature of Provider      License Number

MAIL TO: USD STUDENT HEALTH CENTER, 5998 Alcalá Park, Maher 140, San Diego, CA 92110-2492
Or scan and upload at http://www.sandiego.edu/healthcenter/immunizations/

(rev 2/19/16)