

# CSC HEALTH SERVICES REQUIRED IMMUNIZATION FORM

Revised 10-2017

**\*All records must be submitted in English \* Send securely through your CSC email account\***

Return to:

CSC Health Services, 1000 Main Street, Chadron, NE 69337

Email: [cschealthrequirements@csc.edu](mailto:cschealthrequirements@csc.edu) FAX: 308-432-6085 Phone: 308-432-6232

Print Name:		
Last	First	Middle
Date of Birth: _____ mm/dd/yy		NU ID # _____

\*\*Immunization waivers are allowed for medical and religious reasons –contact Health Services if a waiver is needed.

## **REQUIREMENTS: (Please attach a copy of immunization record)**

- **MEASLES (RUBEOLA), MUMPS AND RUBELLA IMMUNITY: (ONE of the following must be met)**
  1. Documentation of TWO doses of MMR vaccine given after the age of 12 months and separated by at least 28 days. **-OR-**
  2. Was born prior to January 1, 1957 and is considered immune and exempt from the Measles, Mumps and Rubella requirement. **-OR-**
  3. Have had laboratory testing done that shows immunity to Measles, Mumps and Rubella and a copy of the lab report is attached.

**READ THE MENINGITIS INFORMATION:** Nebraska State Law requires that we inform parents and students of the risk of meningococcal disease, recommend vaccination, provide information about where to receive the vaccine and request confirmation that the information was received.

## **TUBERCULOSIS SCREENING (International Students Only)**

- **TB Skin Test (Mantoux) or IGRA Blood Test (Quantiferon Gold or TSpot tests accepted)**
  - Must be done within 6 months prior to enrollment.
  - If the test is positive a medical evaluation and chest x-ray is required.
  - If you live in a country that does not do TB testing you can receive the test upon arrival.

## **RECOMMENDED: (These vaccines are not required for admission but are recommended)**

- **Meningococcal Vaccine (A, C, W, Y)** - If vaccination was given prior to 16 years of age a booster is recommended.
- **Serogroup B Meningococcal Vaccine (B)**
- **Tetanus, Diphtheria and Pertussis (Tdap)**
- **Polio**
- **Hepatitis A**
- **Hepatitis B**
- **Human Papillomavirus Vaccine (Gardasil)**
- **Varicella (Chickenpox)**
- **Influenza** - Yearly vaccinations offered locally each Fall.
- **Pneumococcal** - Recommended for those with chronic health conditions, those with lowered immune response or those that smoke or have asthma.

***I have attached a copy of my immunization record and the dates are accurate to the best of my knowledge.***

***We do enter/update all students in the Nebraska State Immunization Database. If you do NOT want to have your immunizations entered into the State Database please let us know.***

***I have read the information provided regarding Meningococcal Disease.  
[www.cdc.gov/meningococcal/index.html](http://www.cdc.gov/meningococcal/index.html)***

**Student Signature**

**Date**

**Parent Signature (if student under age 19)**

**Date**