



AMERICAN UNIVERSITY
WASHINGTON, DC

Student Health Center 2017-2018 Mandatory Immunization Information

Please read these instructions carefully. District of Columbia immunization requirements differ from other states and countries and even though you may have met your high school or undergraduate institutions requirements, you may not meet the requirements in the District of Columbia.

You must submit your immunization records on the 2017-2018 Mandatory Immunization Form. We will not accept copies of immunization records from doctor's offices, previous institutions, or travel vaccination cards.

The District of Columbia Immunization Law requires that *all students, under age 26 and no matter how many credit hours they are enrolled in*, provide proof of the immunizations listed on the AU Mandatory Immunization Form.

If you have received immunizations that do not fall into the immunization schedule (for instance receiving an immunization a week early) you will need to either repeat the immunization or provide titer results showing immunity.

In order to avoid delays, please see your healthcare provider as soon as possible to complete this form and to get any required immunizations. If for some reason you are unable to complete the immunization requirements before arriving on campus, the student health center can assist you in meeting these requirements. Please bring your available immunization records and the Mandatory Health Form when you visit.

REQUEST FOR MEDICAL OR RELIGIOUS EXEMPTION

Religious exemption is allowed if the responsible person objects in good faith and in writing that the immunizations violate his/her religious beliefs. The letter should be addressed to the President of American University as the head of the institution. Medical exemption is allowed if a physician provides a detailed letter indicating that immunizations are medically inadvisable.

SUBMISSION DEADLINES

Washington DC law mandates that no student shall be admitted by a school unless the school has certification of immunization for that student. All required students must have their completed AU Mandatory Immunization Form submitted to the Student Health Center by July 15, 2017. The deadline for the spring semester is January 1, 2018. Students who fail to submit their mandatory immunization form will have a stop placed on their student account that will prevent them from registering for future semesters.

SUBMITTING THE MANDATORY IMMUNIZATION FORM

Immunization forms must be submitted on the American University immunization form and can only be submitted by one of the methods below. Immunization records not submitted on the Mandatory Immunization Form will not be accepted.

Records must be in English or accompanied by a notarized English translation. Please submit documents as a PDF. Camera phone pictures will not be accepted.

- Students can upload a copy of the immunization record by logging onto the Student Health Center portal at <https://american.studenthealthportal.com>
- The completed/signed/stamped form can be submitted via an email attachment to immunizations@american.edu.

Once your immunization records have been received and entered, we will send a secure message to your student health portal. You can access your student health portal by visiting <https://american.studenthealthportal.com>

The University does not require physicals as a prematriculation requirement.

AMERICAN UNIVERSITY
2017-2018 MANDATORY IMMUNIZATION FORM

ALL IMMUNIZATIONS MUST BE SUBMITTED ON THIS FORM. FORMS CONTAINING INCOMPLETE IMMUNIZATIONS OR INVALID DATES WILL BE NOT BE ACCEPTED. IMMUNIZATIONS THAT ARE DUE AFTER YOU ARRIVE ON CAMPUS CAN BE COMPLETED AT THE STUDENT HEALTH CENTER.

Last Name	First Name	
AUID Number	Year and Semester of Entry	Date of Birth (MM/DD/YYYY)

All dates should be recorded in the MM/DD/YYYY format. Vaccine doses administered up to 4 days before minimum interval or age are counted as valid.

Hepatitis B #1 ___/___/___ Hepatitis B #2 ___/___/___ (Given at least 4 weeks after Dose 1) Hepatitis B #3 ___/___/___ (Given at least 16 weeks after Dose 1 and 8 weeks after Dose 2) -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.
MMR #1 ___/___/___ (Given after 1 year of age) MMR#2 ___/___/___ (Given at least 30 days after Dose 1) -or- Measles #1 ___/___/___ Measles#2 ___/___/___ Mumps #1 ___/___/___ Mumps #2 ___/___/___ Rubella #1 ___/___/___ Rubella #2 ___/___/___ -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.
Tetanus/Diphtheria ___/___/___ -or- Tetanus/Diphtheria/Pertussis ___/___/___ (Given in the last ten years and must be current while the students is enrolled in the University)
Varicella #1 ___/___/___ (Given after 1 year of age) Varicella #2 ___/___/___ (Given at least 30 days after Dose 1) -or- History of Disease ___/___ (month/year) Documented by a Medical Provider -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.
For students living on campus or in university sponsored housing and should have been administered after a students' 16 th birthday: Meningococcal ___/___/___ ___ Menactra ___ Menomune -or- Attached Meningitis Waiver. Can also be found on the Forms section of the Student Health Center Web site.
Additional Requirement for Students 17 and under: Polio#1 ___/___/___ Polio #2 ___/___/___ Polio #3 ___/___/___ Polio #4 ___/___/___ -or- Attached lab report showing positive immunity

Healthcare Provider Signature/Title

Date

OFFICE STAMP of SIGNING CLINICIAN
 An Office stamp must be used to validate this form



American University
Student Health Center

**Information about Meningococcal Disease and Vaccination and
Waiver Form for First Year Students and Students Who Reside in University Housing**

District of Columbia municipal regulations mandate each first-year student enrolled in a school of post-secondary education in the District of Columbia and living, or who may live, in on-campus student housing to receive one (1) dose of meningococcal vaccine.

The regulation provides an **exemption** for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this **exemption** you are required to review the information below and sign the waiver at the end of this document. Please note if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

Meningococcal Disease Facts

- Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).
- College freshmen, particularly those living in residence halls, have a modestly increased risk of getting the disease compared with other persons the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low.
- Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable.
- Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.
- Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures.
- The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.
- There is a vaccine available that can protect you from 4 of the 5 most common types of meningococcal bacteria. The vaccine lasts for 3-5 years. Vaccination may decrease the risk of meningococcal disease, however, it does not eliminate the risk because the vaccine does not prevent against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine-preventable.
- The vaccine is available through private providers, travel clinics, health departments, and the Student Health Center at American University.

Students may begin classes without a certificate of immunization against meningococcal disease if:

1. The student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine
2. The student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or
3. The student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and:
 - a. Elected to decline the vaccine; or
 - b. Could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).



**American University
Student Health Center**

Consent to Treat Minor Patients

District of Columbia law requires consent of a parent/legal guardian for medical care of minors. If your son or daughter is enrolled at American University prior to his/her eighteenth birthday and they seek care at the Student Health Center, you must complete and return the following consent to:

Student Health Center
American University
4400 Massachusetts Avenue, NW
Washington, DC 20016-8036

Consent for Medical Treatment

I _____ am the parent/legal guardian of _____
PARENT/LEGAL GUARDIAN NAME OF STUDENT

currently a minor, whose date of birth is ____/____/____ and is under the age of 18.

I authorize the American University Student Health Center to provide medical care to my son/daughter, including, but not limited to diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment.

I understand that once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and understood this consent, any questions I have prior to signing this consent may be answered by calling the Student Health Center at 202.885.3380.

Parent's/Legal Guardian's Signature

Date

Emergency Phone(s): Cell _____ Work _____ Home _____