

PRINT LAST NAME

FIRST NAME

DATE OF BIRTH

PART III. Tuberculosis questions for ALL students. Go directly to Part IV* if previous history of positive PPD.

You will need a tuberculin skin test (PPD-Mantoux test) regardless of BCG vaccination, if you meet any of the following conditions:

1. You are a health professions student (Medical or GEMS). **Medical and GEMS students require a 2-step test.**
2. You have signs or symptoms of active tuberculosis as determined by your healthcare provider.
3. You have a chronic medical condition such as diabetes, renal failure, HIV infection, leukemia or lymphoma or other serious condition as determined by your healthcare provider.
4. You were born in, lived in or traveled for more than 6 weeks in any country not on this list: USA, Albania, American Samoa, Andorra, Antigua, Barbuda, Australia, Austria, Barbados, Belgium, Bermuda, Virgin Islands (British and US), Canada, Cayman, Chile, Cook Islands, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Finland, France, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Libya, Luxembourg, Malta, Monaco, Montserrat, Netherlands and Antilles, New Zealand, Norway, Oman, Puerto Rico, St. Kitts and Nevis, St. Lucia, Samoa, San Marino, Slovakia, Slovenia, Sweden, Switzerland, Trinidad and Tobago, Turks and Caicos Islands, UAE, UK.
5. You have worked or resided in settings such as nursing homes, homeless shelters, long-term hospital residential facilities, prisons, or have injected drugs in the past.
6. You have had close contact with someone with infectious tuberculosis.

If you meet any of the conditions above, you must have your healthcare provider complete Part IV. If not, sign below.

I do not meet any of the conditions 1 through 6 above and do not require further tuberculin skin testing.

Name: _____ Signature: _____ Date: _____

PART IV. PPD Testing. If testing required, this part to be completed and signed by healthcare provider.

A PPD-Mantoux test must be placed and interpreted by healthcare provider within the past 12 months.

PPD placed ____/____/____ PPD read ____/____/____ Result in mm induration _____ Result Positive ____ Negative ____
M D YYYY M D YYYY

2-Step Test (Medical and GEMS Students Only): 2nd PPD should be placed 1-3 weeks after the 1st PPD.

PPD placed ____/____/____ PPD read ____/____/____ Result in mm induration _____ Result Positive ____ Negative ____
M D YYYY M D YYYY

In case of a positively interpreted PPD, a chest X-ray is also required. Date of X-ray ____/____/____ Result _____
M D YYYY

OR

*Previous history of a positive tuberculin skin test: Previous PPD ____/____/____ X-ray ____/____/____
M D YYYY M D YYYY

A normal chest X-ray within 12 months is required, unless history of INH therapy is documented. Date of INH treatment _____.

Signature of Healthcare Provider Required:

Printed Name: _____ Phone: _____

Signature: _____ Date: _____

PART V. Meningitis Vaccine. Required of all Freshmen undergraduates living in residence halls.

Meningococcus vaccine: ____/____/____ You may choose to waive this requirement. However, if you choose to waive you
M D YYYY must read the Meningitis Fact Sheet, then sign and submit the Meningitis Vaccination Waiver. Both are found at shc.georgetown.edu.

PART VI. Consent for treatment of student under 18 years of age. To be completed by parent or guardian.

Parental permission or consent of legal guardian is needed to provide medical or surgical care to minors. The following statement should be signed by parents or guardians of students under 18 years of age to avoid delays in treatment in the event of an illness or accident:

I hereby authorize the staff of Georgetown University Student Health Center to interview, assess, test and if necessary treat my son or daughter as deemed advisable. Signature: _____ Date: _____

Parent or Guardian

PART VII. Request for Exemption.

Religious exemption is allowed if the responsible person objects in good faith, in writing, that immunizations violate his or her religious beliefs. This exemption does not apply to tuberculosis screening. Medical exemption is allowed if a physician or health authority deems an immunization medically inadvisable. Explicit written documentation supporting an exemption request must be submitted with this certificate.

Religious Exemption _____ Medical Exemption _____