

IMMUNIZATION HISTORY

The following vaccinations are required for admittance to Grace Bible College. If you are unable to locate your immunization records, you will be required to either restart vaccinations or show documented proof of immunity by laboratory testing.

Please have this form completed and signed by a health care professional OR submit an official photocopy of your records. Submit forms and copies to Grace Bible College via mail or fax.

Grace Bible College • 1011 Aldon St SW • Grand Rapids, MI 49509 • p(616) 538-2330 • f(616)538-0599

Name	Last Name		First Nam		te of Birth/_	
A. M.M.R. (MEASLES, M (Two doses required at 1		,	orn after 1956.)			
M.M.R. (MEASLES, MUMPS,	#1	#2				
RUBELLA)	MM/DD/YYYY	MM/DD/YYYY]			
B. POLIO						
	#1	#2	#3	#4	#5]
OPV (oral)						
or	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	

C. VARICELLA

IPV (injected)

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

#3

MM/DD/YYYY

#4

MM/DD/YYYY

#5

MM/DD/YYYY

History of Disease Yes No	Varicella	#1	#2
	Immunization	MM/DD/YYYY	MM/DD/YYYY
Date (if known) $\frac{1}{MM/DD/YYYYY}$	Varicella Antibody	MM/DD/YYYY	RESULT: (ATTACH) Reactive Non-reactive

MM/DD/YYYY

#2

D. TETANUS-DIPHTHERIA-PERTUSSIS

#1

MM/DD/YYYY

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years.)

DIPHTHERIA, PERTUSSIS,	#1	#2	#3	#4	#5	Latest Booster
TETANUS OR DIPHTHERIA,						
PERTUSSIS	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

revised May 2012 continued

Grace Bible College Immunization Form cont.

E. HEPATITIS B

(Three doses of vaccine OR two-shot Hepatitis B series given between ages 11-15 OR a positive Hepatitis B surface antibody)

	#1	#2	#3
HEPATITIS B IMMUNIZATION			
IMMONIZATION	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
	#1	#2	
HEPATITIS B MERCK RECOMBIVAX HB			
WERCK RECOMBIVAX IIB	MM/DD/YYYY	MM/DD/YYYY	
HEPATITIS B		RESULT: (ATTACH)	
SURFACE ANTIBODY		Reactive	
	MM/DD/YYYY	Non-reactive	

F. MENINGOCOCCAL QUADRIVALENT (required for freshmen living on campus)

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls)

	Polysaccharide Menomune (MPSV4) *Expires after 5 years	#1 MM/DD/YYYY	#2 MM/DD/YYYY	OR	Conjugate Menactra (MCV4)	#1 MM/DD/YYYY	#2 MM/DD/YYYY	
(G. TUBERCULOSI Self-screening too		S NO TB	skin test ne	eeded? YES NO			-

Result mm

H. OTHER IMMUNIZATIONS RECEIVED

TB test Date: ___/___ Positive Negative

	#1	#2	#3	#4	#5		
	" *	-	""	<i>"</i> •			
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY		
	#1	#2	#3	#4	#5		
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY		
	MIM/DD/YYYY	IVIIVI/DD/YYYY	MIMI/DD/YYYY	MIM/DD/YYYY	MIM/DD/YYYY		
	#1	#2	#3	#4	#5		
	'' -						
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY		

<u>Health</u>	Care Professional's Signature is Required IF Official Immunization Record is not attached
Print Name _	Address
Signature	Phone



TUBERCULOSIS SELF-SCREENING TOOL

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In compliance with guidelines from the *American College Health Association*, Grace Bible College will require TB skin testing ONLY for those individuals who fall into high-risk groups.

Nar	me (print)		Date				
Plea	ase answer ALL of the	following questions:					
1.	Do you have any of the following signs or symptoms of active tuberculosis disease?						
2.	Have you worked in o Prison, nursing home,		Yes	No			
3.	Have you lived with o		Yes	No			
4.	Have you been diagno	osed with an Immunosuppi	ressive disorder?		Yes	No	
5.	Have you been treated If yes, what was the do		the past?		Yes	No	
6.	Were you born in one	of the countries listed belo	ow & arrived in the U.S. wi	thin the past 5 years?	Yes	No	
7.	•		one or more of the countried with a health care provide	s listed below? r and evaluated.	Yes	No	
8.	If yes, please circle th	e country/ies and indicate	month/year you last visited	that country.			
Ang Arg Arm Aze Bah Beli Beli Beli Bos Bot Bra Bru Bull Bur	ola entina ienia rbaijan irain gladesh arus ze iin itan via nia and Herzegovina swana zil nei Darussalam garia kina Faso	Congo Côte d'Ivoire Croatia Dem. Rep. of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Estonia Ethiopia Fiji Gabon Gambia Georgia Ghana Guam Guatemala	Kazakhstan Kenya Kiribati Korea (North) Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libyan Arab Jamahiriya Lithuania Macedonia Madagascar Malawi Malaysia Maldives Mali	Nepal Nicaragua Niger Nigeria Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda	Tajikisi Thailai Timor- Togo Tunisia Turkey Turkm Tuvalu Ugand Ukrain Tanzai Urugua Uzbek	nka me and Arab Republic tan nd Leste a r enistan l a e nia a ay istan	
Car Car Car Cer Cha Chi Col		Guinea Guinea-Bissau Guyana Haiti Honduras India Indonesia Iraq Japan	Marshall Islands Mauritania Mauritius Micronesia Mongolia Morocco Mozambique Myanmar Namibia	Saint Vincent and the Grenadines Sao Tome and Principe Senegal Seychelles Sierra Leone Singapore Solomon Islands Somalia	Vanua Venez Viet Ni Yemer Zambi Zimba	uela am 1 a	

If the answer is Yes to any of the above questions, a TB skin test is needed prior to your arrival on campus. The test should be administered no sooner than 9 weeks after working in, or traveling to a high-incidence area. Please indicate the month and year that you returned from the high-risk TB area.