

# New Student Immunization Questionnaire

University of Colorado Boulder

Name: \_\_\_\_\_ SID# \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

## Meningococcal (Bacterial Meningitis) Disease Information

Meningococcal disease is a serious disease, caused by bacteria. Meningococcal disease is a contagious, but largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain. Scientific evidence suggests that college students living in dormitory facilities are at a modestly increased risk of contracting meningococcal disease. Immunization against meningococcal disease decreases the risk of contracting the disease. One dose of meningococcal vaccine (ACWY strains) is recommended for students (<21 years) if the last dose was more than 5 years earlier or if they have never received a dose after their 16<sup>th</sup> birthday. Meningococcal B vaccine is also recommended but not required.

**Please select one of the following:**

- I have reviewed the information and I have already received the meningococcal (ACWY) vaccine.
- I have reviewed the information and I am interested in receiving the meningococcal (ACWY) vaccine.
- I have reviewed the information and I am not interested in receiving the meningococcal (ACWY) vaccine at this time.

To receive the meningococcal vaccines, students can check with their health care provider, their local health department, Colorado's health department: [www.cdphe.state.co.us](http://www.cdphe.state.co.us), or get the vaccine at CU-Boulder's Wardenburg Health Center: [www.colorado.edu/healthcenter](http://www.colorado.edu/healthcenter).

## Human Papillomavirus (HPV) Information

The HPV vaccine can prevent most cases of cervical, throat, penile, anal cancers and genital warts in both males and females. The HPV vaccine is given as a 3-dose series. Wardenburg Health Services at CU-Boulder strongly recommends the HPV vaccine for all students. **Please select one of the following:**

- I have received all 3 doses of the HPV vaccine.
- I have received some doses of the HPV vaccine.
- I am unsure if I have received the HPV vaccine.
- I have not received the HPV vaccine.
- I am not interested in receiving the HPV vaccine.

To receive the HPV vaccine, students can check with their health care provider or get the vaccine at CU-Boulder's Wardenburg Health Center: [www.colorado.edu/healthcenter](http://www.colorado.edu/healthcenter).

## Tuberculosis (TB) Questionnaire

1. Were you born in a country with high TB risk (select "Yes" if your birth country is not listed on page 2)?  
 Yes     No    **If Yes, which country:** \_\_\_\_\_
2. Have you ever had a positive Tuberculosis Skin Test (PPD) or Blood Test (T-Spot or Quantiferon TB Gold)?  
 Yes: Date (Month/Year): \_\_\_\_\_     No
3. Have you ever been given medicine(s) to prevent or treat active Tuberculosis?  
 Yes: Date (Month/Year): \_\_\_\_\_     No  
Which medicine(s) did you take? \_\_\_\_\_  
For how long? \_\_\_\_\_
4. Have you ever had a BCG (immunization for Tuberculosis outside the U.S.)?

Yes     No

5. Have you ever had close contact with a person with active Tuberculosis?

Yes     No

6. Have you ever worked, volunteered or lived in a health care facility, long term care facility, nursing home, jail/prison, or homeless shelter?

Yes     No

7. Have you had frequent or prolonged visits (>2months) to a country with significant TB risk (select “Yes” if the country is not listed on page 2)?

Yes     No    **If Yes, which country or countries:** \_\_\_\_\_

8. Have you recently had any of the following symptoms for no known reason?

**Yes:** Check all that apply:  **No**

- |  |   |
|--|---|
| <input type="checkbox"/> Night sweats        | <input type="checkbox"/> Unexplained weight loss                    |
| <input type="checkbox"/> Fatigue/tiredness   | <input type="checkbox"/> Unexplained Fevers                         |
| <input type="checkbox"/> Poor appetite       | <input type="checkbox"/> Coughing up blood                          |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Productive cough for more than three weeks |

9. Have you ever been diagnosed with a chronic medical condition that may impair your immune system or for which you are taking medications that suppress your immune system?

**Yes:** What condition or medication? \_\_\_\_\_  **No**

**If you answered “yes” to any of the TB questions above:**

You must have a current Tuberculosis Skin Test (PPD) or TB blood test (if you have had the BCG vaccine).

Please submit record of the test or print and complete the “Documentation of Tuberculosis Testing” form (located in the in MyCUHealth Patient Portal) with your healthcare provider and upload to the patient portal under the Upload section. For questions please call 303-492-5107.

**Countries with Low TB Risk:**

Countries with an incidence rate of  $\geq 10$  cases per 100,000 pop. For future updates refer to <http://apps.who.int/ghodata>.

Andorra	Finland	Luxembourg	Saint Marten
Antigua and Barbuda	France	Macedonia	Slovak Republic
Australia	Germany	Malta	Slovenia
Austria	Greece	Monaco	Spain
Bahamas	Hungry	Netherlands	Sweden
Barbados	Iceland	New Zealand	Switzerland
Belgium	Ireland	Norway	Tonga
Canada	Israel	Oman	United Arab Emirates
Croatia	Italy	Puerto Rico	United Kingdom
Cuba	Jamaica	Saint Kitts and Nevis	United States of America
Czec Republic	Japan	Saint Lucia	U.S. Virgin Islands
Denmark	Jordan	San Marino	

**Please sign and return to Wardenburg Health Center by uploading to the MyCUHealth patient portal.**

**Signature** \_\_\_\_\_  
(Parent/Guardian Signature for Students under 18)

**Date** \_\_\_\_\_