



# FORDHAM UNIVERSITY HEALTH SERVICES

Scan Documents into Student Health Portal or Mail/Fax/E-mail  
Fordham University Health Services, Attn: Immunizations  
441 East Fordham Road, Bronx, NY 10458  
Phone: 718-817-0940 Fax: 718-817-3218  
Email: Health@fordham.edu

Please follow these directions carefully:

**Attention: Due to high volume of paperwork, PLEASE do not send us this instruction sheet. We only need the immunization forms.**

**Accurate and complete immunization information is required for registration at Fordham University. Please make sure all forms have your name, DOB, and Fordham ID number on them. Incomplete information may result in delayed processing of your registration.**

**Immunization Hotline for Questions: 718-817-0940**

**Students: Once your health care provider has completed this form, please scan into your Fordham Student Health Portal (preferred method). The Student Health Portal is located on your my.fordham.edu site under My Apps. Log in using your my.fordham.edu credentials. Go to Document Upload, select immunization records and upload.** If you cannot use the Student Health Portal, you may mail the original forms to the address listed on this sheet; or you may fax forms to (718) 817-3218; or scan forms to health@fordham.edu. **Forms must have a health care provider's signature, stamp, and license number. Incomplete forms will not be processed.**

**Health Care Providers:** For each section, provide the date of immunization. If documenting illness, measles and mumps must be accompanied by a letter from an MD, PA, or NP. For serologic testing (titers), lab results showing immunity must be attached. Please note the date format of Month/Day/Year (MM/DD/YY). All immunizations must have been received after the first birthday. **Forms must have a health care provider's signature, stamp, and license number. Incomplete forms will not be processed.**

**SECTION I, II, & III ARE MANDATORY**

**SECTION IV IS ONLY RECOMMENDED** (*encouraged if student has a medical condition or is on prescribed medication(s)*)

**NEW YORK STATE VACCINATION LAW 2165 and 2167:**

*If a student is registered to attend for less than 6 semester hours or 4 credit hours per quarter, the immunization requirements do not apply to that student. If an enrollee at a post-secondary institution was born before 1957, he/she does not have to comply with PHL Section 2165 immunization requirements.*

**SECTION I. MMR: Two doses** are required for entry into Fordham University. This combination vaccine is given because it protects from Measles, Mumps, and Rubella. \*MMR was not available in the U.S. before 1/1/1972.\*

**1. Measles (Rubeola):** Students born on or after January 1, 1957 must submit proof of immunity to measles. Only **ONE** of the following is required:

- The student must submit proof of **two doses** of live measles vaccine: the first dose given no more than 4 days prior to the student's first birthday and the second at least 28 days after the first dose; or
- The student must submit **serological proof of immunity** (titer) to measles. This means the demonstration of measles antibodies through a blood test performed by an approved medical laboratory; or
- The student must submit proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling a student to attend the institution pending actual receipt of immunization records from the armed services; or
- If a student is unable to access his/her immunization record from a health care provider or previous school, documentation that proves the student attended primary or secondary school in the United States after 1980 will be sufficient proof that the student received one dose of live measles vaccine. If this option is used, the second dose of measles vaccine must have been administered within one year of attendance at a post-secondary institution.

**2. Mumps:** Students born on or after January 1, 1957 must submit proof of immunity to mumps. Only **ONE** of the following is required:

- The student must submit proof of **two doses** of live mumps vaccine given no more than 4 days prior to the student's first birthday; or
- The student must submit **serological proof of immunity** (titer) to mumps. This means the demonstration of mumps antibodies through a blood test performed by an approved medical laboratory; or
- The student must submit proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling a student to attend the institution pending actual receipt of immunization records from the armed services.

**3. Rubella (German measles):** Students born on or after January 1, 1957 must submit proof of immunity to rubella. Only **ONE** of the following is required:

- The student must submit proof of **one dose** of live rubella vaccine: the first dose given no more than 4 days prior to the student's first birthday; or
- The student must submit **serological proof of immunity** (titer) to rubella. This means the demonstration of rubella antibodies through a blood test performed by an approved medical laboratory (Since rubella rashes resemble rashes of other diseases, it is impossible to diagnose reliably on clinical grounds alone. Serological evidence is the only permissible alternative to immunization.); or



- The student must submit proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling a student to attend the institution pending actual receipt of immunization records from the armed services.

**SECTION II. Meningococcal Meningitis:**

New York State PHL Section 2167 requires post-secondary institutions to distribute information about meningococcal disease and immunization to the students, or parents or guardians of students under the age of 18, accompanied by a response form. The institution is required to maintain appropriate documentation for each student. Acceptable documentation includes *any* of the following:

- A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine within the last 5 years or a complete 2- or 3-dose series of MenB without a response form; or
- A signed response form with a vaccine record (If a student submits a response form selecting this option, a vaccine record must be attached); or
- A signed response form indicating that the student will obtain meningococcal vaccine within 30 days; or
- A signed response form indicating that the student will not obtain immunization against meningococcal disease.

If the student has not received meningococcal vaccine within the past 5 years, then he/she must submit the signed response form.

**Information about Meningococcal Disease:** College students, especially freshman living in residence halls, are at a slightly increased risk for contacting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Several vaccines are currently available that will decrease, but not completely eliminate, a person’s risk of acquiring meningococcal meningitis. This element of uncertainty remains because there are five (5) different Serotypes (A, B, C, Y, & W-135). The vaccines, Menactra™ and Menveo™, probably protect against the strains ACWY for 3-5 years, and are extremely safe for use. Menactra™ vaccine is available at the Fordham University Health Services. Also available are the vaccines for Meningitis Serogroup B: Trumenba (3 dose series) and Bexsero (2 dose series). Please see the Meningitis Fact Sheet.

For more specific information about meningococcal meningitis and college student risks, please visit the NYS DOH Website: <http://www.health.state.ny.us/nysdoh/immun/meningococcal/index.htm>

**SECTION III. Tuberculosis (TB) Risk Factor Screening: All students must complete Part 1- Tuberculosis (TB) Screening Questionnaire and have it signed by your health care provider. If the student answers YES to any of those questions, Fordham University requires that you receive a Clinical Assessment from your healthcare provider as soon as possible, prior to the start of the semester. Part 2 and Part 3 must be completed by a healthcare provider.**

**Information about TB Screening:** Universal tuberculin or Interferon Gamma Release Assay (IGRA) testing is not recommended in the U.S and other low-incidence countries due to the high rate of false positive results. Tuberculin or IGRA testing is indicated for children/individuals with the following risk factors for TB:

1. History of exposure to anyone with TB
2. Immigration from a country with a high incidence of TB
3. Travel to a high-incidence country where housing was with family members or local resident-not hotels, resorts, etc.
4. Household contact with parents or others who immigrated from a country with a high incidence of TB and tuberculin status unknown (consider testing at ages 1,5,12)
5. Exposure to individuals in the past 5 years who are HIV-infected, homeless, institutionalized, users of illicit drugs, incarcerated ( test all groups every 2-3 years)
6. HIV infection (test yearly), diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial disease, other immunodeficiencies or receiving immunosuppressive therapy

**We strongly recommend that international students from high risk countries have the IGRA testing completed.** Countries with a high incidence of TB (incidence of >20/100,000) are listed at the following link: <http://apps.who.int/gho/data/view.main.57040?lang=en>. (Includes most countries of Asia, Africa, Eastern Europe, Central and South America)

*If patient/student has a documented positive result to a previous TST (Mantoux) or IGRA, the test should not be repeated. The student will need a chest xray to meet compliance.*

**SECTION IV. Recommended (not mandatory): Space is provided to record this information.**

- A. Tetanus-Diphtheria:** booster shot within the past 10 years.
- B. Hepatitis B Vaccine:** It is recommended that all infants, children and adolescents up to the age of 18 receive the Hepatitis B vaccine. It is also recommended for adults who may be at high risk for infection.
- C. Hepatitis A Vaccine:** It is recommended that all children at 1 year old receive the Hepatitis A vaccine.
- D. Varicella (Chicken Pox):** It is recommended that children/older children/adults receive two doses.



## Meningococcal Meningitis Fact Sheet

**What is meningococcal disease?** Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the *Neisseria meningitidis* germ.

**Who gets meningococcal disease?** Anyone can get meningococcal disease, but it is more common in infants and children, and those living in crowded conditions (such as college students). Other persons at increased risk include household contacts of those known to have the disease, immunocompromised people, and people traveling to parts of the world where the disease is common.

**How is the meningococcus germ spread?** It is spread by coming in contact with the nose or throat secretions of an infected person.

**What are the symptoms?** High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. Among people who develop meningococcal disease, 10-15% die, in spite of treatment. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system can occur.

**What is the treatment for meningococcal disease?** Antibiotics are the mainstay of treatment for the meningococcal disease.

**Is there a vaccine to prevent meningococcal meningitis?** There are two types of meningococcal vaccines available in the US:

- Meningococcal conjugate vaccine (ACWY) - Menactra and Menveo
- Serogroup B Vaccine- Bexsero and Trumenba.

**Who should get the meningococcal vaccine?** The vaccine is recommended for:

- All 11 to 18 years old;
- All first year college students living in dormitories;
- Some people are at increased risk for meningococcal disease due to having certain medical conditions or taking specific medications, or because of travel, their profession, or a meningococcal disease outbreak.

**I had one meningitis vaccine. Do I need a booster dose?** Menactra and Menveo require a booster. Immunity with these vaccinations wane after 3-5 years. A booster dose is recommended for students headed to college if it has been more than 5 years since their last dose.

**Is the vaccine safe?** Meningococcal vaccines are very safe, and they are effective at preventing meningococcal disease. Vaccines, like any medicine, can have side effects. The most common side effects with meningococcal vaccines are mild, like a sore arm, and usually last no more than 1 or 2 days.

**How do I get more information about meningococcal disease and vaccination?**

There is also information available on the websites of the New York State Department of Health, <https://www.health.ny.gov/publications/2168/> and the Centers for Disease Control, <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>.

**PLEASE DO NOT SEND BACK THE THREE INSTRUCTION PAGES ABOVE.  
THE FOLLOWING PAGES SHOULD BE MAILED, FAXED OR EMAILED TO  
FORDHAM UNIVERSITY HEALTH SERVICES.**

**MAKE SURE ALL FORMS ARE SIGNED, STAMPED AND DATED WHERE INDICATED.**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Fordham A# \_\_\_\_\_



**FORDHAM UNIVERSITY HEALTH SERVICES**

Name: \_\_\_\_\_ Fordham ID #: A \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
E-mail: \_\_\_\_\_@fordham.edu Graduating Year: \_\_\_\_\_

Please check off those that apply:

\_\_\_\_ International Student (F-1, J-1)      **Campus:** \_\_\_\_ Rose Hill    \_\_\_\_ Lincoln Center    \_\_\_\_ Westchester  
\_\_\_\_ Domestic Student      **Status:** \_\_\_\_ Undergraduate    \_\_\_\_ Graduate (incl. GBA)    \_\_\_\_ Law Student

**SECTION I: MMR (Measles, Mumps, Rubella: For ALL students born after 01/01/1957) – 2 Doses**

MMR #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ (on or after 1<sup>st</sup> birthday)      MMR#2 \_\_\_\_/\_\_\_\_/\_\_\_\_ (after 15 mo. of age or 28 days after 1<sup>st</sup> dose)

**OR: Vaccination dates of 2 Measles, 2 Mumps, and 1 Rubella vaccinations**

Measles #1: \_\_\_\_/\_\_\_\_/\_\_\_\_      Mumps #1: \_\_\_\_/\_\_\_\_/\_\_\_\_      Rubella: \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles #2: \_\_\_\_/\_\_\_\_/\_\_\_\_      Mumps #2: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR: Blood Antibody Titer Test (Serological Proof of Immunity must be attached)**

Measles: \_\_\_\_/\_\_\_\_/\_\_\_\_      Mumps: \_\_\_\_/\_\_\_\_/\_\_\_\_      Rubella: \_\_\_\_/\_\_\_\_/\_\_\_\_

**History of Disease:** *Not accepted as evidence of immunity. Please provide laboratory evidence of immunity.*

**SECTION II: MENINGITIS VACCINE or MENINGITIS WAIVER: Must have vaccine record indicating at least one dose of meningitis ACWY vaccine within the last 5 years OR a complete 2 or 3 dose series of MenB, OR must sign Meningitis Waiver below.**

**Highly Recommended Meningitis ACWY vaccine(s): Menactra or Menveo within the last 5 years.**

Menactra: \_\_\_\_/\_\_\_\_/\_\_\_\_      Menveo: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Highly Recommended Meningitis Serogroup B vaccines are highly recommended for anyone 16-23 years old to provide short-term protection against most strains of serogroup B meningococcal disease.**

Trumenba      Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_

Bexsero      Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Required Meningitis Waiver:** *A mandatory waiver must be signed if the student does not receive the recommended meningitis vaccines as stated above. This waiver will acknowledge the patient was educated regarding meningococcal risks and refusal of meningococcal vaccination.*

*I have, or for students under 18, "My child has":*

*Read or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that (circle which one applies):*

- *I (my child) **WILL NOT** obtain immunization against meningococcal meningitis disease **OR,***
- *I **WILL** obtain immunization within 30 days of starting school and complete the series as recommended.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



NAME: \_\_\_\_\_

Fordham A# \_\_\_\_\_

**Section III: Tuberculosis (TB) Screening Questionnaire** (must be completed by incoming students and signed by health care provider)

**Part I.** Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes      No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) Yes      No

- |                                  |                                       |                                  |                                  |                                    |
|----------------------------------|---------------------------------------|----------------------------------|----------------------------------|------------------------------------|
| Afghanistan                      | Congo                                 | Iran (Islamic Republic of)       | Namibia                          | Singapore                          |
| Algeria                          | Côte d'Ivoire                         | Iraq                             | Nauru                            | Solomon Islands                    |
| Angola                           | Democratic People's Republic of Korea | Kazakhstan                       | Nepal                            | Somalia                            |
| Anguilla                         |                                       | Kenya                            | Nicaragua                        | South Africa                       |
| Argentina                        | Democratic Republic of the Congo      | Kiribati                         | Niger                            | South Sudan                        |
| Armenia                          |                                       | Kuwait                           | Nigeria                          | Sri Lanka                          |
| Azerbaijan                       | Djibouti                              | Kyrgyzstan                       | Northern Mariana Islands         | Sudan                              |
| Bangladesh                       | Dominican Republic                    | Lao People's Democratic Republic | Pakistan                         | Suriname                           |
| Belarus                          | Ecuador                               | Latvia                           | Palau                            | Swaziland                          |
| Belize                           | El Salvador                           | Lesotho                          | Panama                           | Tajikistan                         |
| Benin                            | Equatorial Guinea                     | Liberia                          | Papua New Guinea                 | Thailand                           |
| Bhutan                           | Eritrea                               | Libya                            | Paraguay                         | Timor-Leste                        |
| Bolivia (Plurinational State of) | Estonia                               | Lithuania                        | Peru                             | Togo                               |
| Bosnia and Herzegovina           | Ethiopia                              | Madagascar                       | Philippines                      | Trinidad and Tobago                |
| Botswana                         | Fiji                                  | Malawi                           | Poland                           | Tunisia                            |
| Brazil                           | French Polynesia                      | Malaysia                         | Portugal                         | Turkmenistan                       |
| Brunei Darussalam                | Gabon                                 | Maldives                         | Qatar                            | Tuvalu                             |
| Bulgaria                         | Gambia                                | Mali                             | Republic of Korea                | Uganda                             |
| Burkina Faso                     | Georgia                               | Marshall Islands                 | Republic of Moldova              | Ukraine                            |
| Burundi                          | Ghana                                 | Mauritania                       | Romania                          | United Republic of Tanzania        |
| Cabo Verde                       | Greenland                             | Mauritius                        | Russian Federation               | Uruguay                            |
| Cambodia                         | Guam                                  | Mexico                           | Rwanda                           | Uzbekistan                         |
| Cameroon                         | Guatemala                             | Micronesia (Federated States of) | Saint Vincent and the Grenadines | Vanuatu                            |
| Central African Republic         | Guinea                                | Mongolia                         | Sao Tome and Principe            | Venezuela (Bolivarian Republic of) |
| Chad                             | Guinea-Bissau                         | Montenegro                       | Senegal                          | Viet Nam                           |
| China                            | Guyana                                | Morocco                          | Serbia                           | Yemen                              |
| China, Hong Kong SAR             | Haiti                                 | Mozambique                       | Seychelles                       | Zambia                             |
| China, Macao SAR                 | Honduras                              | Myanmar                          | Sierra Leone                     | Zimbabwe                           |
| Colombia                         | India                                 |                                  |                                  |                                    |
| Comoros                          | Indonesia                             |                                  |                                  |                                    |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits\* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes      No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes      No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes      No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes      No

**If the answer is YES to any of the above questions,** Fordham University requires that you receive TB testing as soon as possible, prior to the start of the semester. Have your physician complete the Tuberculosis (TB) Clinical Assessment in Part II with additional testing and/or documentation.

**If the answer to all of the above questions is NO,** no further testing or further action is required. Both student and provider must sign below. You can go directly to Section IV.

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Part II. Tuberculosis Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. **Students answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA),** unless a previous positive test has been documented. It is strongly recommended that international students from high incidence areas have IGRA testing.

History of a positive TB skin test or IGRA blood test? (If yes, document below)  Yes  No

History of BCG vaccination? (If yes, consider IGRA if possible.)  Yes  No

### 1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, proceed to 2 or 3

If yes, check all symptoms that apply:  Cough (especially if lasting for 3 weeks or longer) with or without sputum production,  Coughing up blood (hemoptysis),  Chest pain,  Loss of appetite,  Unexplained weight loss,  Night sweats,  Fever

If yes, Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

### 2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0".) \*\*

Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: \_\_\_\_\_ mm of induration

\*\* Interpretation: Positive \_\_\_\_\_ Negative \_\_\_\_\_

\*\***Interpretation guidelines:** The TST interpretation **should be based** on mm of induration as well as risk factors.

#### >5 mm is positive:

- Recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

#### >10 mm is positive:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

#### >15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.
- \* *The significance of the travel exposure should be discussed with a health care provider and evaluated.*



NAME: \_\_\_\_\_

Fordham A# \_\_\_\_\_



**3. Interferon Gamma Release Assay (IGRA). Must attach a copy of lab report.**

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) OFT-GIT    T-Spot    Other

Result: negative\_\_\_positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_(T-spot only)

**4. Chest x-ray: Required if TST of IGRA is positive. Must attach a copy of the report (no discs of films).**

Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_ Result: normal\_\_\_ abnormal\_\_\_

**Part III. Management of Positive TST or IGRA**

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to /greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

\*\*Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations

\_\_\_\_\_ Student agrees to receive treatment  
\_\_\_\_\_ Student declines treatment at this time

\_\_\_\_\_

Health Care Professional Signature                      License #                      Date

\_\_\_\_\_

Telephone                                                              Fax

**Must Provide Provider Stamp:**

NAME: \_\_\_\_\_

Fordham A# \_\_\_\_\_



**SECTION IV: RECOMMENDED (NOT MANDATORY)**

**A. Tetanus-Diphtheria (Immunization booster within last 10 years):**

Date:     /     /       
          mo. day yr.

**B. Hepatitis B Vaccine**

Dose 1:     /     /       
          mo. day yr.

Dose 2:     /     /       
          mo. day yr.

Dose 3:     /     /       
          mo. day yr.

**C. Hepatitis A Vaccine**

Dose 1:     /     /       
          mo. day yr.

Dose 2:     /     /       
          mo. day yr.

**D. Varicella**

Dose 1:     /     /       
          mo. day yr.

Dose 2:     /     /       
          mo. day yr.

History of Disease:     /     /       
                          mo. day yr.

*An official stamp of a doctor's office, clinic, or health department AND an authorized signature must be provided below.*



**Name/License # (Office Stamp)**

\_\_\_\_\_  
**Clinician Signature**

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

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*If you are unable to upload to the Student Health Portal, you can Mail/Fax/E-mail Scanned Document*

Fordham University Health Services  
Attn: Immunizations  
441 East Fordham Road, Bronx, NY 10458  
Phone: 718-817-0940 Fax: 718-817-3218 Email: health@fordham.edu

