

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 16th 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, or get the vaccine at CU-Boulder's Wardenburg Health Center: 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.

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

☐ Night sweats

☐ Unexplained weight loss

☐ Fatigue/tiredness

☐ Unexplained Fevers

☐ Poor appetite

☐ Coughing up blood

☐ Shortness of breath

☐ 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 ≥ 10 cases per 100,000 pop. For future updates refer to <http://apps.who.int/ghodata>.

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| 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 |
| Czech 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 _____