

Georgetown University School of Continuing Studies Summer Programs for High School Students 3307 M St. NW, Suite 202 Washington, DC 20057 Phone: (202) 687-7087 Fax: (202) 687-7087 Fax: (202) 687-8710 Email: <u>highschool@georgetown.edu</u> Submit your forms online at http://summer.georgetown.edu/forms

IMPORTANT Please read the entire following paragraph:

All students regardless of age are screened for Tuberculosis (TB) by a risk assessment questionnaire, consistent with guidelines from the Center for Disease Control and the American College Health Association. Not all students will require TB testing. In addition, students under age 26 years at time of registration are required by D.C. Law 3-20 to provide documentation of vaccination or immunity (lab test, if appropriate) from Diphtheria, Tetanus, Hepatitis B, Measles, Mumps, Rubella and Varicella. Students under 18 years must be vaccinated against polio. This certificate must be returned to the Summer High School Programs at least one month prior to the start of your program. *In order to avoid delays, please see your healthcare provider as soon as possible to complete this certificate, especially if your immunization records are incomplete, and to get any required immunizations. It is your responsibility to ensure that all appropriate sections of this form are completed.* Please note this form has two sides.

PART I. To be completed by student. Please print.							
Last Name	First	MI	Age	Date of Birth		Country of Birth	
	Llama Dhana Number		City		Stata	7in Codo	
GUID# If Known	Home Phone Number		City		State	Zip Code	
Summer High School Program(s)	:						
Program Start Date(s):							
PART II. To be completed by healthcare provider. Required if under 26 years.							
Polio//(Date series completed. Required only if under age 18 years.)							
Tetanus/Diphtheria (Td)// or Tdap// D/ (Date of last booster. Must be within 10 years.)							
MMR#1 (Measles/Mumps/Rubella)// (1 st dose must be after 12 months of age. 2 doses required) MMR#2// M D YYYY OR							
Measles #1/// M Measles #2/// or attached lab report showing positive immunity Mumps #1/// M Mumps #2//// or attached lab report showing positive immunity Rubella #1/ D YYYY Rubella #2//// or attached lab report showing positive immunity							
M D YYYY Mumps #1//	Mumps #2//	YYYY 	or atta	ached lab report sh	nowing positive im	imunity	
Rubella #1 $\frac{M}{M} / \frac{D}{D} / \frac{YYYY}{YYYY}$	Rubella #2//	YYYY YYYY	or atta	ached lab report sh	nowing positive im	imunity	
Hepatitis B #1// Hepatitis B #2// Hepatitis B #3// (Three doses required.)							
Attached lab report showing positive immunity							
Varicella #1// Varicella #2/ // or Date of chicken pox disease/ // YYYY							
Attached lab report showing por	sitive immunity	UK					
Signature of Healthcare Provider Required:							
Printed Name:				Phone:			
Signature:				Date:			
Please see reverse side.							

PART III. TB questions for ALL students. Go directly to Part IV* if previous history of positive PPD or QFT or T-SPOT results.						
 You will need TB testing (PPD or QFT or T-SPOT) regardless of BCG vaccination, if you meet any of the following conditions: You have signs or symptoms of active tuberculosis as determined by your healthcare provider. 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. 						
 You were born in, lived in or traveled for more than 6 weeks in any country <u>not</u> 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, Gaza Strip, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Luxembourg, Malta, Monaco, Montserrat, Netherlands and Antilles, New Zealand, Norway, Oman, Puerto Rico, St. Kitts and Nevis, St. Lucia, Samoa, San Marino, Saudi Arabia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, UAE, UK, West Bank. 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. You have had close contact with someone with infectious tuberculosis. 						
I do not meet any of the conditions 1 through 6 above and do not require further TB testing. Name: Date: Date: Signature:						
PART IV. PPD or QFT or T-SPOT testing if required. This part to be completed and signed by healthcare provider.						
A PPD-Mantoux or QFT or T-SPOT testing must be done within the past 12 months.						
PPD placed// PPD read// Result in mm induration Result Positive Negative						
2-Step Test (Medical and GEMS Students Only): 2 nd PPD should be placed 1-3 weeks after the 1 st PPD.						
PPD placed// PPD read// Result in mm induration Result Positive Negative						
QFT or T-SPOT (In lieu of 2-step testing.)// Result Positive Negative Other						
In case of a positive PPD or QFT or T-SPOT a chest X-ray is also required. Date of X-ray// Result M D YYYY Result OR						
*Previous history of a positive PPD QFT T-SPOT test: Previous test// X-ray// A normal chest X-ray within 12 months is required, unless M D YYYY M D YYYY history of INH therapy is documented. Date of INH treatment						
Signature of Healthcare Provider Required: Printed Name: Phone: Phone:						
Signature: Date:						
PART V. Meningitis Vaccine. Required of all individuals living in residence halls.						
Meningococcus vaccine:// You may choose to waive this requirement. However, if you choose to waive you must read the Meningitis Fact Sheet, then sign <u>and submit</u> the Meningitis Vaccination Waiver. Both forms are found at http://shc.georgetown.edu.						
(Must be within the past five years) Vaccination waver. Both forms are found at <u>http://snc.geoigetown.edd</u> . 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: 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						