

Polio: <i>Four doses of Polio vaccine required, in childhood or one booster dose, as an adult</i>	____/____/____	____/____/____	A N D	____/____/____	____/____/____
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TUBERCULOSIS TESTING

Only one of the following screenings are required. You can choose to have the PPD skin test done OR the Chest X-Ray or the IGRA blood test.

Screening	Date (mm/dd/yyyy)		Result <i>A copy of the result must be uploaded with this form.</i>		
Tuberculosis Skin Test or PPD:	Date Administered: ____/____/____	Date Read: ____/____/____	_____ P	_____ N	Induration: _____mm
OR					
Chest X-Ray (CXR):	____/____/____		_____ P	_____ N	
OR					
Tuberculosis Interferon Gamma Release Assay (IGRA): <i>*alternative TB Test to PPD</i>	____/____/____		_____ P	_____ N	

HEALTH CARE PROVIDER ACKNOWLEDGEMENT THAT THE ABOVE IMMUNIZATION INFORMATION IS ACCURATE AND COMPLETE (SIGNATURE REQUIRED).

SIGNATURE OF PHYSICIAN

HEALTHCARE PROVIDER'S STAMP DATE

DATE

Requests for immunization exemptions must be submitted via the Medical or Religious/Ethical exemption form that you can request from the Director of Health and Wellness. Please be aware, CMU-Q may exclude students from classes who do not provide proof of immunity to circulating diseases.