



UAS Housing Application Immunization Information

To complete your Housing Application and Agreement you must provide written proof of required immunizations and tuberculosis testing to the UAS Housing Office, as well as return the enclosed form, completed and signed by a health care provider. If it is not in your possession, your immunization record may be available from your previous schools or colleges, local health department, your primary health care provider, military immunization record, or your parents. **STUDENTS WHO FAIL TO COMPLY WITH THESE REQUIREMENTS WILL BE UNABLE TO MOVE INTO HOUSING OR ASKED TO LEAVE.**

Description of Requirements:

1. Diphtheria and Tetanus: Any combination of 3 or more doses of either DT, or Td, with the most recent dose received within 10 years prior to first living in UAS student housing.
2. Mumps, measles and rubella: 2 doses of vaccine for each of these diseases (MMR vaccine has all 3 in it). The first dose must have been administered no earlier than 12 months of age. Proof of serological evidence of antibodies to each disease is acceptable instead of the immunizations. ** Not required for females who may be pregnant. Documentation of pregnancy is required for an exemption**
3. Tuberculosis: A negative tuberculin skin test (PPD) within one year preceding registration, unless previously positive. Ask for documentation needed for a history of a positive test.

Please read the following required meningococcal information: Effective May 18, 2005, the State of Alaska requires that all post-secondary educational institutions must provide information about meningitis and meningitis vaccine to all students who intend to reside in campus housing and requires that students sign a form indicating that they have either been vaccinated against meningitis or have received information about meningitis. See the text of law, including required information about meningitis below:

Sec. 14.48.165 of the Alaska Statutes reads as follows:

Immunization of postsecondary students.

A postsecondary educational institution in this state shall provide written notice to each student who intends to reside in campus housing before the student's initial period of residence that includes the following information:

Meningococcal disease

- is a serious illness that can cause death within a few hours of onset; one in 10 cases is fatal, and one in seven survivors of the illness is left with severe disability;
- is a contagious but also largely preventable infection of the spinal cord fluid and the fluid surrounding the brain;
- Scientific evidence suggests that college students living in campus housing are at a moderately increased risk of contracting meningococcal disease; and
- Immunization against meningococcal disease decreases the risk of contracting the illness

A student attending a postsecondary educational institution shall sign a document provided by the institution indicating that the student has received an immunization against meningococcal disease; or the notice described above.

Availability of vaccine: The UAS Health Center may be able to provide the meningococcal vaccine for free for some students who are 18 or younger. State of Alaska Public Health Clinics also provides this under the same guidelines. The UAS Health Center is not able to provide the vaccine to any other students.



Return mail or fax this completed form to:
University of Alaska Southeast Housing Office
11120 Glacier Hwy, Juneau, AK 99801
(Fax) 907-796-6543 (Tel) 907-796-6528

PLEASE PRINT IN INK

Name: _____
 Last First Middle ID Number

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ New Housing Student: _____ Returning Student _____

A) I have read the meningococcal Information provided with this packet and I acknowledge one of the following:

_____ (initial) I have received an immunization against meningococcal disease.

_____ (initial) I acknowledge that I received the meningococcal information and understand the risks:

Signature: _____ Date : _____

B) Proof of required immunization is mandatory of all students living in Banfield Hall or Single Student apartments at UAS housing. This form **must** be completed and signed by a health care provider, and returned to the Housing Office prior to move in. Please return this signed form. **Please retain a copy for your personal records.**

T.B. Skin Test or Chest X-ray Date must be within one year of UAS admission.	Day ____ Month ____ Year ____	Results
Tetanus, Diphtheria, (or with Pertussis) 3 of more doses, the last within 10 years	Primary series completed Day ____ Month ____ Year ____	Booster Day ____ Month ____ Year ____ (within last 10 years)
Mumps, Measles, and Rubella 2 doses on or after 12 months of age.	1st Day ____ Month ____ Year ____	2nd Day ____ Month ____ Year ____

Signature of Health Care Provider Verifying Information

Health Care Provide Address and Telephone Number