Welcome to Clemson University! We are glad you have chosen us to meet your higher education goals. The University requires a complete immunization record to be on file at Redfern Health Center for all students.

In lieu of these forms you may submit the following:

- Personal shot records that are verified by a doctor’s stamp or contain a health provider’s signature
- OR Personal shot records with a clinic or health department stamp
- OR Military Records or World Health Organization (WHO) documents
- OR Previous college or university records that are verified.
- OR Positive laboratory test as confirmation of immunity

All forms should be submitted prior to July 1 for Summer/Fall enrollment; December 1 for Spring enrollment. Students not in compliance with the immunization requirements may have a hold placed on future registrations and may be subject to a late fee. If you are unable to obtain your records all required immunizations are available to you at Redfern Health Center.

Exception: If you are enrolled in only online courses, you do not need to comply with medical clearance requirements.

SECTION A: Personal information
To be completed by the student. Please include all of the demographic information requested including name, address, date of birth, and identifying information.

SECTION B: Required Immunizations
Have your physician or health department clinician fill in your immunization record and update any needed immunizations that are required in Section B. This form must be signed (section D) or stamped by a healthcare provider. A T-SPOT or QuantIFERON GOLD is required for any student who has resided or traveled outside the U.S. for more than two weeks within the past five years in a country where tuberculosis is endemic, has other TB risk factors or if you answered “Yes” to any questions in the Tuberculosis Screening Form.

Tuberculin Test must be performed in the U.S., and is valid for one year.
TB test performed outside of the U.S. and PPD skin test will not be accepted.

SECTION C: Recommended Immunizations
Certain academic departments and programs may require immunizations in addition to the minimum requirements for enrollment. Please consult with your individual academic departments for specifics on any additional requirements. Redfern Health Center, based on recommendations from the Centers for Disease Control and Prevention (CDC), and American College Health Association (ACHA) recommends receiving the immunizations listed in section C. You may elect to receive these immunizations from your private physician or health department prior to arriving at Clemson.

SECTION D: Healthcare Provider Signature
Completion of this section by your healthcare provider is required including a signature or stamp.

Complete these forms in black ink. The dates of vaccine administration must include the month, day and year. All records must be in English. Please keep a copy for your own personal records. Be certain to include your full name, date of birth, and XID.

Mail or fax to:
Redfern Health Center
Clemson University
Box 344054 Rm: 34
Clemson, SC 29634-4054
Fax (864)656-0760
A. TO BE COMPLETED BY THE STUDENT:

Name __________________________________________________________________              ____________________________
Last Name   First Name   Middle Name XID #
Address_________________________________________________________________ ____________________________
Street
City   State       Country Zip Code  Date of Birth
Home Phone (_____)________________ Cell Phone (_____)__________________  Email ______________________@clemson.edu
First term of Enrollment:   ☐ Fall   ☐ Spring   ☐ Summer ____________(year)

B. REQUIRED IMMUNIZATIONS: SECTIONS B,C,D must be completed and signed by your Health Care Provider:

1. MMR (Measles, Mumps, Rubella): Two doses required for all students born after 1956
   ☐ Dose 1 given age 12 months or later............................................................................................................. Month    Day           Year
   ☐ Dose 2 given at least one month after first dose........................................................................................... Month    Day           Year
   ☐ EXEMPTION, BORN BEFORE 1957

   A positive MMR titer result may be submitted in lieu of vaccination history (attach copy titer result)

2. TDAP: (tetanus, diphtheria, and acellular pertussis) Adult single dose required for all students age 64 years or younger given on or after 06/10/2005

   ☐ ADACEL     (Date given) _____/______/_____  ☐ BOOSTRIX     (Date given) _____/______/_____  
   Month    Day       Year

3. MENINGOCOCCAL VACCINE: Proof of a conjugate meningococcal vaccine (e.g. Menactra, Mencevo) or a signed waiver declining the vaccine is required of all entering students age 21 years or younger. If conjugate vaccine was received prior to age 16, a booster is required. A parent/legal guardian’s signature is required if students under the age of 18 decline this vaccination.

   ☐ MENVEO    (Date given) _____/______/_____ Age_____  ☐ MENACTRA    (Date given) _____/_____/_____ Age_____  
   Month      Day       Year Month      Day       Year

BOOSTER TYPE

   ☐ MENVEO    (Date given) _____/______/_____  ☐ MENACTRA    (Date given) _____/_____/_____  
   Month      Day       Year

☐ I have read and understand the risk of the Meningococcal disease and I am declining to receive the vaccine.

Declined Meningococcal Vaccination ___________________________________________Date_________________
   Student Signature Required

Printed Name _______________________________ Date_________________

Parental/Legal Guardian Signature_____________________________ Date_________________
   Required for students under the age of 18
4. TUBERCULOSIS TEST: A T-SPOT or QuantiFERON GOLD is required for any student who has resided or traveled outside of the U.S. for more than two weeks within the last five years or has other TB risk factors or if you answered “Yes” to any questions in the Tuberculosis Risk Assessment. Screening is REQUIRED upon arrival to Clemson, or documented proof of screening performed in the U.S. within the past 12 months. TB screenings performed outside of the U.S. and PPD skin test will not be accepted.

☐ T-SPOT (Date given) _____/_____/_____ (Result)________________________________________ (attach copy of result)

☐ QuantiFERON GOLD (Date given) _____/_____/_____ (Result)________________________________________ (attach copy of result)

☐ *Chest x-ray (Date given) _____/_____/_____ (Date read) _____/_____/_____ (Result)_____________________________ (*Required for positive TB test)

C. RECOMMENDED IMMUNIZATIONS:

1. HEPATITIS A: Series of 2 vaccines  **May be combined with Hepatitis B

☐ HEP A (Date given) _____/_____/_____ (Date given) _____/_____/_____ 

2. HEPATITIS B: Series of 3 vaccines, or positive titer (attach copy of titer results) ** May be combined with Hepatitis A

☐ HEP B (Date given) _____/_____/_____ (Date given) _____/_____/_____ (Date given) _____/_____/_____ 

☐ HEP A-B **Combined (Date given) _____/_____/_____ (Date given) _____/_____/_____ (Date given) _____/_____/_____

Positive laboratory/serologic evidence of immunity or prior infection may be substituted (attach copy)

3. VARICELLA: Series of 2 doses, given at least one month apart; Documented clinical history of chicken pox; or a positive Varicella titer (attach copy)

☐ VARICELLA (Date given) _____/_____/_____ (Date given) _____/_____/_____ 

4. HUMAN PAPILLOMAVIRUS (HPV): Series of three vaccines (either bivalent or quadrivalent) recommended for females age 11-26 years; series of three vaccines (quadrivalent) recommended for males 9-26 years.

HPV Type
☐ GARDASIL (HPV4 quadrivalent) ☐ CERVARIX (HPV2 bivalent)

(Date given) _____/_____/_____ (Date given) _____/_____/_____ (Date given) _____/_____/_____ 

D. HEALTH CARE PROVIDER SIGNATURE OR STAMP REQUIRED*

Name: ___________________________________________________________________________ Date: _____/_____/_____
(Please Print) Month Day Year

Address: __________________________________________________________________________
(Street/PO Box) (City) (State) (Zip code) (Area code) 

Phone: (______)________________________________________ Date:_____/_____/_____

*SIGNATURE _______________________________ Date:_____/_____/_____ 
(Required of health care provider)
# Medical History Questionnaire

## Redfern Health Center
Clemson University

**Name** (Last, First, M.I.): [ ] M [ ] F DOB:

**XID:**

**CU status:** [ ] Student [ ] Spouse [ ] Worker’s Comp [ ] Visitor on Campus [ ] Exchange Visitor

## Personal Medical History

<table>
<thead>
<tr>
<th>Add/ADHD</th>
<th>Headaches/Migraines</th>
<th>Neurological Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drug Use</td>
<td>Hearing Impairment</td>
<td>Prolonged Immunosuppressive/Corticosteroid Treatment</td>
</tr>
<tr>
<td>Asthma</td>
<td>Headaches</td>
<td>Seizures</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Hepatitis C</td>
<td>Skin Disorders</td>
</tr>
<tr>
<td>Chronic Fatigue</td>
<td>High Blood Pressure</td>
<td>Smoking/Tobacco Use</td>
</tr>
<tr>
<td>Diabetes</td>
<td>High Cholesterol</td>
<td>Smoking/Tobacco Use</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>HIV Positive</td>
<td>Thyroid Disorder</td>
</tr>
<tr>
<td>Eye Disease</td>
<td>Kidney Disease</td>
<td>Malaria</td>
</tr>
<tr>
<td>Head Injury with Unconsciousness</td>
<td>Mononucleosis</td>
<td>Vision/Corrective Lenses</td>
</tr>
</tbody>
</table>

### Significant Illnesses:

[ ]

### Surgeries:

[ ]

### Year:

[ ]

## Family Medical History

<table>
<thead>
<tr>
<th>Alcohol/Drug Problem</th>
<th>Diabetes</th>
<th>High Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/Hay Fever</td>
<td>Heart Disease/Stroke</td>
<td>High Cholesterol</td>
</tr>
<tr>
<td>Cancer</td>
<td>Hereditary Disease</td>
<td>Migraine Headaches</td>
</tr>
<tr>
<td>Other Significant Illnesses (List)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### List Any Other Medical Problems:

## Allergies (Drugs and Other Severe Adverse Reactions)

<table>
<thead>
<tr>
<th>No Known Drug Allergies</th>
<th>Penicillin</th>
<th>Latex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Sulfa</td>
<td>X-Ray Contrast</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Food (List Below)</td>
<td>Other (Specify Below)</td>
</tr>
<tr>
<td>Lidocaine/Xylocaine</td>
<td>Insect/Bee Sting</td>
<td></td>
</tr>
</tbody>
</table>

### List Any Other Allergies:

Are you currently taking any medications?  [ ] Yes  [ ] No

(If so, please list below)

_________________________  _______________________
Signature of Patient                Date

MED 627:6/05; 8/05; 03/10;5/13
South Carolina law requires all public institutions to inform entering college students about the risks of meningococcal disease and Hepatitis B. Clemson University requires the meningococcal conjugate vaccine (Menactra, Menveo) after the 16th birthday for all entering students age 21 or younger. If the initial dose was given before the 16th birthday, a booster is required. Entering students must present proof of meningococcal conjugate vaccination or may sign a waiver declining the meningitis vaccination. All other college students who wish to reduce their risk of infection may choose to be vaccinated. A second vaccine specific for prevention of serogroup B meningococcal disease (MenB) is not required but is available for individuals wishing to reduce their risk of acquiring the disease. The Hepatitis B vaccine is not required but is highly recommended. The meningococcal and Hepatitis B vaccines are available at Redfern Health Center.

**Meningococcal Disease**

Meningococcal disease is contagious and progresses very rapidly. The bacteria are spread person-to-person through the air by respiratory droplets (e.g., coughing, sneezing). The bacteria can also be transmitted through direct contact with an infected person, such as kissing. If not treated early, meningitis can lead to death or permanent disabilities. One in five of those who survive will suffer from long-term side effects, such as brain damage, hearing loss, seizures or limb amputation.

Meningococcal disease can affect people at any age. The rate of infection is highest in infancy, with the second peak in adolescence. Annually, about 1,100 cases of invasive meningococcal disease occur in the U.S., with 21 percent of cases occurring among adolescents and young adults aged 14–24. Due to lifestyle factors, such as crowded living situations, bar patronage, smoking or exposure to second-hand smoke, irregular sleep patterns and sharing of personal items, college students living in residence halls are at a higher risk of acquiring meningococcal disease than the general college population.

In the United States, potentially vaccine-preventable strains cause 73 percent of all cases of meningococcal disease among persons aged 11 years or older and are caused by strains preventable with the conjugate vaccine. The Centers for Disease Control and Prevention and the American College Health Association recommend the conjugate meningitis (MCV4) vaccine for all first-year college students living in residence halls to protect against four of the five most common strains (or types) of Neisseria meningitidis (A, C, Y and W). A specific vaccine to protect against the fifth most common strain of N. meningitidis, serogroup B, is also available (MenB). The MenB vaccine is highly recommended for individuals at increased risk of acquiring meningococcal disease such as those with compromised immune systems due to disease or undergoing immunosuppressive therapies.

**Hepatitis B**

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an “acute” infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a chronic or lifelong illness. Over time, the infection can cause serious health problems including liver damage, cirrhosis, liver failure and liver cancer. Every year, approximately 3,000 people in the U.S. and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

In the U.S., Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids and blood. According to the Centers for Disease Control and Prevention, the best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of three shots over a period of six months. The entire series is needed for long-term protection.

Retrieved from:
acha.org/topics/meningitis.cfm
acha.org/topics/hepatitis.cfm
cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf
cdc.gov/meningococcal/clinical-info.html

Please visit our website at clemson.edu/redfern.