



AMERICAN UNIVERSITY
WASHINGTON, DC

Student Health Center
Mandatory Health Requirements

- **ALL** incoming students, regardless of age or degree are required to complete the Tuberculosis Screening
- **ALL** incoming students under the age of 26 must submit the Mandatory Immunization Form on the student health portal and submit a copy of their immunization form signed by a medical provider
- **Due Dates:** Fall Semester by July 15th Spring Semester by January 1st

Once students have registered for classes, they will gain access to the Student Health Portal where these requirements can be completed. (American.studenthealthportal.com)

TUBERCULOSIS (TB) SCREENING: All incoming students must complete the AU TB screening requirement. The initial step is to complete the “TB Screening Questionnaire” which can be found on the Student Health Portal. Once completed, if further steps are required, such as getting a TB test or submitting documentation, a Secure Message with instructions will be sent via the Student Health Portal.

IMMUNIZATIONS: The District of Columbia Immunization Law requires that all students, under age 26 and no matter how many credit hours they are enrolled in, provide proof of required immunizations. No student shall be admitted unless the university has certification of immunization for a student. The required immunizations can be found on the following pages.

If immunizations were not administered according to the immunization schedule, as required by the CDC and DC Health, laboratory proof of immunity (titer test) results may be submitted as proof of immunity, with the exception of the Tetanus vaccine.

- If a student chooses to waive the Meningococcal ACWY vaccine requirement, they must submit the “**Waiver for Meningococcal ACWY Vaccine Requirement**”
- If a student is under 18 years of age and wishes to receive medical care at the Student Health Center their guardian or parent must complete the “**Consent to Treat Minor Patients**”
- **Religious Exemption:** If the responsible person objects in good faith and in writing that the immunizations violate their religious beliefs, they may submit a letter addressed to the President of American University and email it to: president@american.edu.
- **Medical Exemption:** Submit a letter from a physician detailing that immunizations are medically inadvisable, then upload this on the Student Health Portal according to the below instructions.

Once the information is reviewed, a secure message will be sent via the Student Health Portal indicating compliance status and if further steps are required.

The University does not require physicals as a prematriculation requirement.

AMERICAN UNIVERSITY - MANDATORY IMMUNIZATION FORM

Part 1: To be completed by the American University Student.

Last Name	First Name	Initial	AUID Number	Semester and Year of Entry
Date of Birth (MM/DD/YYYY)			Cell Phone Number	

Part 2: To be completed by the health care provider. Required if under the age of 26.

Tetanus/Diphtheria (TD) ____/____/____ -or- Tetanus/Diphtheria/Pertussis ____/____/____ (within 10 years)
MM DD YYYY MM DD YYYY

MMR #1 ____/____/____ (Given after 1 year of age) MMR#2 ____/____/____ (Given at least 28 days after Dose 1)
 -or-
 Measles #1 ____/____/____ Measles#2 ____/____/____

Mumps #1 ____/____/____ Mumps #2 ____/____/____

Rubella #1 ____/____/____
 -or-
 Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.

Hepatitis B #1 ____/____/____ Hepatitis B #2 ____/____/____ (Given at least 4 weeks after Dose 1)

Hepatitis B #3 ____/____/____ (Given at least 16 weeks after Dose 1 and 8 weeks after Dose 2)
 -or-
 Hepatitis B - 2 Dose Series (Heplisav) Heplisav #1 ____/____/____ Heplisav #2 ____/____/____
 -or-
 Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.

Varicella #1 ____/____/____ Varicella #2 ____/____/____ (Given at least 30 days after Dose 1)
 -or-
 History of Disease ____/____ (month/year)
 -or-
 Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.

For first year students and students living on campus or in university sponsored housing are required to show proof of one dose of ACWY vaccination administered after the students' 16th birthday:
 Meningococcal ACWY ____/____/____
 -or-
 Attached Meningitis Waiver. Can also be found on the Forms section of the Student Health Center Web site.

Additional Requirement for Students 17 and under:
 Polio#1 ____/____/____ Polio #2 ____/____/____ Polio #3 ____/____/____
 -or-
 Attached lab report showing positive immunity

Recommended Vaccinations:
 HPV #1 ____/____/____ HPV#2 ____/____/____ HPV#3 ____/____/____

Meningitis B #1 ____/____/____ Meningitis B #2 ____/____/____ Manufacturer _____

Covid-19 Dose #1 ____/____/____ Dose #2 ____/____/____ Booster ____/____/____

Healthcare Provider Signature/Title

Date

OFFICE STAMP of SIGNING CLINICIAN
An Office stamp must be used to validate this form

American University
Student Health Center
Information about Meningococcal ACWY Disease and Vaccination and
Waiver Form for First Year Students and Students Who Reside in University Housing

District of Columbia municipal regulations mandate each first-year student enrolled in a school of post-secondary education in the District of Columbia and living, or who may live, in on-campus student housing to receive one (1) dose of meningococcal ACWY vaccine after their sixteenth birthday..

The regulation provides an **exemption** for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this **exemption** you are required to review the information below and sign the waiver at the end of this document. Please note if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

Meningococcal ACWY Disease Facts

- Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).
- College freshmen, particularly those living in residence halls, have a modestly increased risk of getting the disease compared with other persons the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low.
- Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable.
- Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.
- Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures.
- The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.
- There is a vaccine available that can protect you from 4 of the 5 most common types of meningococcal bacteria. The vaccine lasts for 3-5 years. Vaccination may decrease the risk of meningococcal disease; however it does not eliminate the risk because the vaccine does not prevent against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine-preventable.
- The vaccine is available through private providers, travel clinics, health departments, and the Student Health Center at American University.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

Waiver for Meningococcal ACWY Vaccination Requirement

By signing below, I state that:

I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and applying for this waiver on his/her behalf.

I have received and reviewed the information provided by American University on the risks of contracting meningococcal disease and the availability and effectiveness of meningococcal ACWY vaccine.

I understand that District of Columbia law requires newly enrolled students at colleges and universities who are living in residence halls to receive meningococcal ACWY vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials identified above, I have voluntarily decided to refuse the meningococcal vaccine on my own behalf or on the behalf of the student identified below if his/her is less than eighteen (18) years of age.

I understand that if I reconsider my decision, I may return to the Student Health Center to receive the vaccine.

I hereby release American University, its employees from all responsible for any consequences of my decision.

Student Name: _____ Date of Birth: _____

Student ID: _____

Student Signature: _____ Date: _____

If Student is under the age of eighteen (18), signature of parent or legal guardian:

Parent or Legal Guardian's Signature

Printed Name

Date

American University also requires all new students (regardless of age) to complete the Tuberculosis Screening Questionnaire on the Student Health Portal (american.studenthealthportal.com).



American University

Student Health Center

Consent to Treat Minor Patients

District of Columbia law requires consent of a parent / legal guardian for medical care of minors. If your son or daughter is enrolled at American University prior to his / her eighteenth birthday and they seek care at the Student Health Center, you must complete and return the following consent to:

Student Health Center
American University
4400 Massachusetts Avenue, NW
Washington, DC 20016-8036

Consent for Medical Treatment

I, _____ (print name here), am the parent/legal guardian of

_____ (print name of student), currently a minor, whose date of birth is ____/____/____.

I authorize the American University Student Health Center to provide medical care to my son/daughter, including, but not limited to diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment.

I understand that once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling the Student Health Center at 202.885.3380.

Signature

Date

Emergency Phone: Home () _____

Work () _____

Cell () _____