**Med+Proctor**

**Immunization Questionnaire:**

**I. University​​ name:**

**II. Name of person filling this out:**

**III. Date:**

**Clinic/University Phone number:**

**Does your university health center perform vaccinations? If so, we can gather**

**additional info at a later.**

**What .edu domain address do your students use? (ex. @medproctor.edu )**

Important Dates:

Please note if there is a specific date that your test account needs to be ready:

**What age is required for a parental/guardian signature to be enforced?**

PART TWO: Please circle or highlight either Required, Recommended, Optional, or Do not include. If you do not require a section, skip to the next.

**Section One:** MMR

Required Recommended Optional Do not include

If not required skip to section 2

1. If the answer is yes, how many doses?
   1. b. Date Specifications:
2. Will you accept a *positive* titer for MMR instead?\*
   1. Yes b. No
3. Do you require a titer for all 3 measles (rubeola), mumps, and rubella?
   1. Yes b. No
4. If you answered no, please note all that you require a titer for?
   1. Measles b. Mumps c. Rubella
5. If titers are accepted what kind of titer do you require?
   1. Quantitative b. Qualitative c. Both
6. Do you require both the lab results and dates to a titer?
   1. Results b. Dates c. Both

**Section Two:** Tb Testing

Required Recommended Optional Do not include

If not required skip to section 3

1. Who requires a TB test?
   1. All students b. International Students c. Distance Learners d. Other\_\_\_
2. How many Tb tests must be performed?
   1. One b. Two c. Other \_\_\_\_
3. How many months before the start date of class do you require it to be within?
   1. Within \_\_\_\_\_ months of the start of entering semester
4. How many mm must the student be less than?
   1. \_\_\_\_mm for domestic students b.\_\_\_\_mm for international students
5. If a student exceeds the mm, what else does the student need?
   1. Quantiferon Gold blood test b. Chest x-ray c. either will work

**Section Three:** Tetanus

Required Recommended Optional Do not include

If not required skip to section 4

1. How many vaccinations of tetanus does your school requires?
   1. 1 doses b. 2 doses c. 3 doses d. Other \_\_\_ doses
2. Is there a time frame
   1. 1 within the last 10 years b. Other\_\_\_

**Section Four:** Hepatitis B

Required Recommended Optional Do not include

If not required skip to section 5

1. How many doses of Hep B does your university require?
   1. \_\_\_\_\_ doses
2. Does your university accept a titer in place of the doses required?
   1. Yes b. No
3. If titers are accepted what kind of titer do you require?
   1. Quantitative b. Qualitative c. Both
4. Do you only require this vaccine if a student is under the age of 18? Or born after a certain year?
   1. Yes \_\_\_\_ years old or born after \_\_\_\_\_\_\_ b. No all students are required

**Section Five:** Varicella

Required Recommended Optional Do not include

If not required skip to section 6

1. How many doses of the vaccine must be given?
   1. \_\_\_\_\_\_ doses
2. Will your university accept a titer proving immunity in place of the vaccination?
   1. Yes b. No
3. If titers are accepted what kind of titer do you require?
   1. Quantitative b. Qualitative c. Both
4. If yes, do you require the lab results to be uploaded or are dates on the Med+Proctor form sufficient?
   1. Yes b. No
5. Is “Had Disease” acceptable?
   1. Yes b. No

6. Please elaborate on any specific age requirements or restrictions.

**Section Six:** Polio

Required Recommended Optional Do not include

If not required skip to section 7

1. Does your university require the polio vaccination?
   1. Yes b. No
2. If yes, how many doses does your school require?
   1. \_\_\_\_\_\_ doses
3. Do you only require this vaccine if a student is under the age of 18? Or born after a certain year?
   1. Yes \_\_\_\_ years old or born after \_\_\_\_\_\_\_ b. No all students are required

4. Please elaborate on any specific age requirements or restrictions.

**Section Seven:** Meningococcal A

Required Recommended Optional Do not include

If not required skip to section 8

1. Does your university require the Meningococcal A vaccination?
   1. Yes b. No
2. If yes, how many doses does your school require?
   1. \_\_\_\_\_\_ doses
3. Please elaborate on any specific age requirements or restrictions.
   1. I.e. 1 dose is required after age 16

**Section Eight:** Meningococcal B

Required Recommended Optional Do not include

If not required skip to section 9

1. Does your university require the Meningococcal B vaccination?
   1. Yes b. No
2. If yes, how many doses does your school require?
   1. \_\_\_\_\_\_ doses
3. Please elaborate on any specific age requirements or restrictions.
   1. I.e. 1 dose is required after age 16

**Section Nine:** Additional Information

1. Does​ ​your​ ​school​ ​accept​ ​religious​ or medical ​exemption​ ​forms?​ ​
2. Yes B. No

\*\*If​ yes, please get with your account manager to discuss the process you would like to follow.

1. **Are distance learners still required to submit information?**
2. Yes b. No
3. If yes, are there requirements the same as the ones above?

Yes No

* 1. If no, please specify what is required for them.
  2. If they are not required to have immunizations are there any forms they must submit?

1. Are there any specific state laws that we need to be aware of?
2. Are there any specific school rules or regulations that we need to be aware of?
3. Do you offer temporary waivers? If so, who should the student contact?
4. Is there anything else you would like for us to know?
5. Please submit application to setup@medproctor.com.