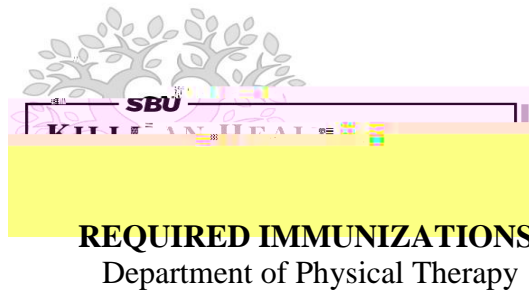


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Killian Health Center  
803 S. Pike  
Bolivar, MO 65613

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**PLEASE PROVIDE DATES FOR ALL OF THE FOLLOWING:**

**DATE RECEIVED:** month/day/year

I. MMR (Measles, Mumps, Rubella) Two doses required:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

II. Meningococcal Meningitis Vaccine:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

III. Tdap (Tetanus/Diphtheria and Pertussis)

#1. \_\_\_\_\_

IV. Polio Series

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

V. DPT (Diphtheria, Pertussis, Tetanus) series

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

#4. \_\_\_\_\_

I. Hepatitis B

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

**RECOMMENDED**

II. Hepatitis A

#1. \_\_\_\_\_

#2. \_\_\_\_\_



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## REQUIRED TUBERCULOSIS SCREENING QUESTIONNAIRE

NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_ DATE: \_\_\_\_\_

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No

(If yes, please CIRCLE the country, below)

Afghanistan	Côte d'Ivoire
Algeria	Croatia
Angola	Democratic People's Republic of
Argentina	Korea
Armenia	Democratic Republic of the
Azerbaijan	Congo
Bahrain	Djibouti
Bangladesh	Dominican Republic
Belarus	Ecuador
Belize	El Salvador
Benin	Equatorial Guinea
Bhutan	Eritrea
Bolivia (Plurinational State of)	Estonia
Bosnia and Herzegovina	Ethiopia
Botswana	Fiji
Brazil	Gabon
Brunei Darussalam	Gambia
Bulgaria	
Burkina Faso	
Burundi	
Cambodia	
Cameroon	
Cape Verde	
Central African Republic	
Chad	
China	
Colombia	
Comoros	
Congo	