

MEDICAL SCREENING and IMMUNIZATION HISTORY – PCA Boarding

PENSACOLA CHRISTIAN COLLEGE®

Print all information in pen.

Name (First / Last)

Birth (Month / Day / Year)

Student ID

Tuberculosis Screening

All applicants are required to complete the tuberculosis screening; testing requirements are determined by the screening results.

Please answer the following questions:

1. Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
2. Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
(Refer to the list below.)

Angola	Congo	India	Mongolia	Peru	Thailand
Azerbaijan	Democratic People's Republic of Korea	Indonesia	Mozambique	Philippines	Uganda
Bangladesh	Democratic Republic of the Congo	Kazakhstan	Myanmar	Republic of Moldova	Ukraine
Belarus	Eswatini	Kenya	Namibia	Russian Federation	United Republic of Tanzania
Botswana	Ethiopia	Kyrgyzstan	Nepal	Sierra Leone	Uzbekistan
Brazil	Gabon	Lesotho	Nigeria	Somalia	Vietnam
Cameroon	Guinea	Liberia	Pakistan	South Africa	Zambia
Central African Republic	Guinea-Bissau	Malawi	Papua New Guinea	Tajikistan	Zimbabwe
China					

Source: World Health Organization TB HBC List for 2021-2025

3. Have you visited one or more of the countries listed above for a combined total of 3 weeks or more? Yes No
(Refer to the list above.)
4. Have you been a volunteer or healthcare worker who served clients who are at increased risk for active TB disease? Yes No

If the answer to any of the above questions is YES, Pensacola Christian College requires that you receive TB testing no sooner than 6 months prior to your admission/arrival on campus. Your enrollment advisor will provide a form so that you may complete this testing. If the answer to all of the above questions is NO, no further testing or action is required.

I attest that the information on this screening is true and accurate. I understand that this form is necessary for admission to the college and that falsification of information may result in dismissal from college. I freely consent to this form and other provided medical documents to be used for my treatment at The Graf Clinic.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18)

Date

Pensacola Christian College reserves the right to refuse enrollment to any applicant whose health record indicates the existence of a condition which may be harmful to the members of the College community.

Revised 10/2021

Immunization History

REQUIRED Immunizations for all Academy applicants (as indicated by the Florida Administrative Code – Immunization Guidelines):

- 1. DTP/DTaP/DT** – Four or five doses of diphtheria, tetanus, and pertussis vaccine
If the fourth DTP/DTaP dose is administered on or after the fourth birthday, the fifth DTP/DTaP is not required.
- 2. Tdap** – One dose of tetanus, diphtheria, and pertussis vaccine
- 3. OPV/IPV** – Three, four, or five doses of polio vaccine
If the fourth dose of polio vaccine was administered prior to the fourth birthday, a fifth dose is required.
If the third polio primary dose is administered on or after the fourth birthday, the fourth polio dose is not required.
If immunizations are started after seven years of age, only three doses of polio vaccine are required.
- 4. MMR** – Two doses of measles, mumps, and rubella vaccine
The first dose should be after the first birthday.
The second dose is recommended on or after the fourth birthday and prior to entry into kindergarten.
The measles, mumps, rubella, and varicella (MMRV) vaccine is accepted.
- 5. Varicella** – Two doses of varicella vaccine or physician documentation of having had chickenpox
- 6. Hepatitis B** – Three doses of hepatitis B vaccine
After the first dose is given, the second dose should be given at least four weeks after the first, and the third dose should be given at least five months after the second.
- 7. Meningococcal Meningitis** – The State of Florida requires any individual residing in on-campus housing to either provide documentation of having received vaccination against Meningococcal Meningitis or to decline the vaccination. Any applicant wishing to decline this vaccine must read the information about it (available at www.immunize.org/vis) and sign the waiver below.

I have read the information and decline to receive the Meningococcal Meningitis vaccine.

Applicant's Signature (Parent/Legal Guardian must also sign if applicant is under 18)

****Attach all supporting documentation. Acceptable forms of documentation for all immunizations include the following (with applicant's name noted on all documents)****

Physician's office shot record Previous school shot record Health department shot record Lab evidence of immunity

Revised 12/2015