



## New/Transfer Student Information Regarding Recommended Vaccines and Screenings:

Texas A&M University is no longer requiring the submission of immunization records as a requirement for class registration. However, international students, medical and veterinary students, and other majors may require specific immunizations or screenings. Student Health Services strongly recommends that every student, and their family members, review the list of recommended vaccines compiled by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). (See <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm> for details.)

As part of the process of becoming a student at Texas A&M, students arriving from or having traveled to one or more of the following countries in the past five years are required to be screened for tuberculosis.

|                      |                    |                   |                    |                       |
|----------------------|--------------------|-------------------|--------------------|-----------------------|
| Afghanistan          | Djibouti           | Latvia            | Peru               | Tuvalu                |
| Algeria              | Dominican Republic | Lesotho           | Philippines        | Uganda                |
| Angola               | Ecuador            | Liberia           | Poland             | Ukraine               |
| Anguilla             | Egypt              | Lithuania         | Portugal           | United Kingdom        |
| Argentina            | El Salvador        | Macedonia-TFYR    | Qatar              | Uruguay               |
| Armenia              | Equatorial Guinea  | Madagascar        | Romania            | Uzbekistan            |
| Azerbaijan           | Eritrea            | Malawi            | Russian Federation | Vanuatu               |
| Bahamas              | Estonia            | Malaysia          | Rwanda             | Uruguay               |
| Bahrain              | Ethiopia           | Maldives          | St. Vincent &      | Uzbekistan            |
| Bangladesh           | Fiji               | Mali              | The Grenadines     | Vanuatu               |
| Belarus              | French Polynesia   | Marshall Islands  | SaoTome & Principe | Venezuela             |
| Belize               | Gabon              | Mauritania        | Saudi Arabia       | Viet Nam              |
| Benin                | Gambia             | Mauritius         | Senegal            | Wallis/FutunalIslands |
| Bhutan               | Georgia            | Mexico            | Seychelles         | W.Bank& Gaza Strip    |
| Bolivia              | Ghana              | Micronesia        | Sierra Leone       | Yemen                 |
| Bosnia &             | Guam               | Moldova-Rep.      | Singapore          | Zambia                |
| Herzegovina          | Guatemala          | Mongolia          | Solomon Islands    | Zimbabwe              |
| Botswana             | Guinea             | Montenegro        | Somalia            |                       |
| Brazil               | Guinea-Bissau      | Morocco           | South Africa       |                       |
| Brunei Darussalam    | Guyana             | Mozambique        | Spain              |                       |
| Bulgaria             | Haiti              | Myanmar           | Sri Lanka          |                       |
| Burkina Faso         | Honduras           | Namibia           | Sudan              |                       |
| Burundi              | India              | Nauru             | Suriname           |                       |
| Cambodia             | Indonesia          | Nepal             | SyrianArabRepublic |                       |
| Cameroon             | Iran               | New Caledonia     | Swaziland          |                       |
| Cape Verde           | Iraq               | Nicaragua         | Tajikistan         |                       |
| Central African Rep. | Japan              | Niger             | Tanzania-UR        |                       |
| Chad                 | Kazakhstan         | Nigeria           | Thailand           |                       |
| China                | Kenya              | Niue              | Timor-Leste        |                       |
| Colombia             | Kiribati           | N Mariana Islands | Togo               |                       |
| Comoros              | Korea-DPR          | Pakistan          | Tokelau            |                       |
| Congo                | Korea-Republic     | Palau             | Tonga              |                       |
| Congo DR             | Kuwait             | Panama            | Tunisia            |                       |
| Cote d'Ivoire        | Kyrgyzstan         | Papua New Guinea  | Turkey             |                       |
| Croatia              | Lao PDR            | Paraguay          | Turkmenistan       |                       |

### TB SCREENING SHOULD BE CONSIDERED IF:

- Students with serious cough, fevers, night sweats or unexplained weight loss.
- Students that have been in close contact with someone with active TB.
- Students infected with HIV.
- Students on immunosuppressive therapy or have undergone organ transplant.
- Students who are IV drug users.

### STUDENT HEALTH CENTER POLICY REQUIRES:

- Tuberculosis screening must be done within 12 months of enrollment.
- Students with a prior BCG immunization STILL REQUIRE tuberculosis screening.
- Tuberculosis screening (PPD) results MUST be recorded in NUMBER and MM.
- Once a Tuberculin skin test is positive, students should have a chest x-ray instead of the PPD.
- Chest x-rays MUST have been done in the UNITED STATES and within the 24 months of enrollment.

Detailed information about screening and treatment for tuberculosis can be found at the following website:

<http://www.cdc.gov/nchstp/tb/pubs/corecurr/>

All of the recommended vaccines and screenings are available to students at Student Health Services. If you have any questions regarding recommended vaccines, please contact Student Health Services at 979-458-8345.

### TUBERCULOSIS SCREENING DOCUMENTATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date PPD Placed: \_\_\_\_\_ Date PPD Read: \_\_\_\_\_ Results (in mm): \_\_\_\_\_

\_\_\_\_\_  
Physician or Nurse Signature

See Reverse, if applicable

