



Immunization Requirement & Record

(To be completed by student. All information is confidential.)

Last name:	First name:	Gender: Female Male
Date of birth:	Student ID Number:	
Major:	Please circle one: Freshman Sophomore Junior Senior Graduate	

Health requirements for all students upon entering:

- 1 Physical Exam within the last year.
- 2 Complete Blood count (CBC) within the last year.
- 3 Urinalysis (UA) within the last year, (dipstick urinalysis is acceptable).
- 4 Tetanus & Diphtheria (Td) or Tetanus & Diphtheria & Pertussis (Tdap) vaccine within the last ten years.
- 5 3 doses of Polio vaccine. Proof of immunization required if under age 18, otherwise provide record if available.
- 6 TB skin test (PPD) within the last year. If the test is positive, a chest X-ray indicating no disease is required.
- 7 2 doses of MMR (Measles, mumps & rubella), with at least one since 1980 or record of positive titers.
- 8 Hepatitis B series of 3 shots required if 18 or younger, recommended for others.

Other recommended immunizations for all students:

Meningococcal (Meningitis) vaccine, Hepatitis A vaccine, Influenza vaccine and Varicella (chickenpox) vaccine, if no proof of disease

Immunization Record

Must be signed & dated by medical provider or you may provide official copies of immunization records.

MMR	Number 1 (date):	Number 2 (date):
Or you may provide proof of immunity with titers for Rubeola, Rubella & Mumps (please attach copies of results.)		

Tetanus (Tdap or TD) within 10 years of last immunization.	Date:	Dose:	Site:
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TB skin test (PPD)	Date (given):	Provider signature:	
Date (reading, 24-48 hours):	Result:	m.m.	Provider signature:
If positive PPD—chest x-ray date:	Result of CXR:		

Polio (required if under 18, otherwise list if available)	Number 1 (date):	Number 2 (date):	Number 3 (date):
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Hepatitis B	Number 1 (date):	Number 2 (date):	Number 3 (date):
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Meningococcal (recommended)	Date:
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Hepatitis A (recommended)	Number 1 (date):	Number 2 (date):
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Medical provider's name, printed	Provider's signature:	Date:	Phone:
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Return completed form to the Student Health Center or the Office of Student Affairs on the Familian Campus.