

IMMUNIZATION RECORD

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE REGISTRATION

Name _____

Student ID Number _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER.

REQUIRED IMMUNIZATIONS:

A. TETANUS-DIPHTHERIA

1. Completed primary series of tetanus-diphtheria immunizations.

_____/_____/_____
Mo Day Yr

2. Received tetanus-diphtheria booster within the last 10 years.

_____/_____/_____
Mo Day Yr

B. M.M.R. (Measles, Mumps, Rubella)

1. Dose 1 - immunized at 12-15 months or after.

_____/_____/_____
Mo Day Yr

2. Dose 2 - immunized at 4-6 years or after.

_____/_____/_____
Mo Day Yr

C. MENINGITIS

Required for all students residing in the campus resident halls.

_____/_____/_____
Mo Day Yr

_____/_____/_____
Mo Day Yr

Recommended Immunizations:

D. HEPATITIS B

1. Dose 1 Dose 2 Dose 3

Date series completed: _____
Mo Day Yr

OR

2. Hepatitis B surface antibody: reactive non-reactive

_____/_____/_____
Mo Day Yr

Name

Student ID Number

REQUIRED TEST:

TUBERCULOSIS SCREENING (must be within the last 12 months)

1. Does the student have signs or symptoms of active TB?
 yes no

If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active TB including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

2. Has the student had close contact with anyone who is sick with TB?
 yes no
3. Is the student a member of a high-risk group? *
 yes no

If No, stop and sign below. If Yes, administer Tuberculin Skin Test.

4. Tuberculin Skin Test

Date Administered:
_____/_____/_____
Mo Day Yr

Date Read:
_____/_____/_____
Mo Day Yr

Result: _____ (mm of induration)

Interpretation: positive negative

5. Chest x-ray result: Required if tuberculin skin test is positive
 normal abnormal

This form MUST be signed by your Health Care Provider:

Name

Signature

Date

Address

Phone

*Students are a member of a high risk group if they have arrived from countries within the past five years EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemia or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy or other immunosuppressive disorders.

Return a hard copy of this form to:

Spring Hill College
Wellness Center
4000 Dauphin St.
Mobile, AL 36608

Fax a copy to:
251-460-2108