PRAIRIE VIEW A&M UNIVERSITY

Owens-Franklin Health Center P.O. Box 2598 Prairie View, Texas 77446

Immunization and Health History records are integral parts of a student's Health Care.

Documentation of the Immunizations listed below is required for matriculation to PVAMU.

Your medical signed Health History and immunization documents become a part of your medical record. It is confidential and can only be released upon your written authorization (if 18 or older) or written authorization of your legal guardian if under 18 years.

This information should be returned to the following address only:

Prairie View A&M University
Owens-Franklin Health Center
P.O. Box 2598
Prairie View, Texas 77446

Immunization Record

| Last | | First | M.I | D.O.B | |
|--|------------------|---------------------------|-------|--------------------------------|--|
| Туре | | Date | 1 | Medical Professional Signature | |
| Bacterial Meningitis | | | | | |
| MMR | | | | | |
| Measles | | | | | |
| Mumps | | | | | |
| Rubella | | | | | |
| Hepatitis | | | | | |
| Polio | | | | | |
| Tetanus or TD | | | | | |
| Diphtheria or DT | | | | | |
| | | | | | |
| Туре | Date | Results | Medic | al Professional Signature | |
| TB Skin Test | | | | | |
| Chest X-Ray | | | | | |
| | | | | | |
| nith Insurance Plan: | | | | | |
| scriber No | | Employee | | | |
| | the authorized l | year prior to matriculati | | | |
| versity, signature of dical treatment to th | e above referen | ce student. | | | |
| | e above referen | ce student. | | | |