

OFFICE USE ONLY

MRN: _____

**General Education
Immunization Form**

REQUIRED – FSC NUMBER (7 digits):

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Name: _____ **First Term of Attendance:** FALL SPRING SUMMER

Date of Birth: _____ **Phone:** _____

SECTION A: Required Immunizations

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis B				
3. MCV4 (MENACTRA/MENVEO) (If vaccine was received before 16 years of age a booster shot is required.)			--NOT APPLICABLE--	

4. Tuberculosis Screening (Required for International Students) *Must have completed testing within 12 months of matriculation.*

TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

SECTION B: Optional Immunizations – Not Required for Matriculation

Td		--NOT APPLICABLE--
Tdap (Adacel/Boostrix)		--NOT APPLICABLE--
Varicella (Chickenpox)		--NOT APPLICABLE--
Hepatitis A		
HPV (Gardasil or Cervarix)		--NOT APPLICABLE--
Meningitis B	Bexsero	--NOT APPLICABLE--
	Trumenba	--NOT APPLICABLE--

An official stamp from a doctor's office, clinic or health department AND an authorized signature must appear here or this form will not be approved.

Official Office Stamp Here

Physician or Authorized Signature

Date