

Please complete this form and return it to **Student Affairs (Barter Student Center) or email to badgershealth@shc.edu.**

Part 1: Student Information		Completed by the student	
Name (please print) _____			
Last name	First name	Middle Initial	
Date of Birth	Student ID #	Daytime phone	Email address
mm / dd / yyyy	_____	() _____	_____

Part 2: Immunization History	Must be completed by a health care provider
Provider: All dates must include month, day, year.	

Meningitis A/C/W/Y	Month	Day	Year
At least 1 dose within the last 10 years.			
MMR:			
Two (2) doses.			
1 st must be at least 4 days before 1 year of birth.	1 st		
2 nd must be at least 28 days after the 1 st MMR dose.	2 nd		
TDaP:			
Booster within 10 years.			
HEALTH CARE PROVIDER SIGNATURE			
Name:			
Signature			
Sig Date:			
Address			
Phone ()			

Tuberculosis Skin or Blood Test Results		
TB Skin PPD (within 1 year prior to current semester.)		
Date Placed:	Date Read:	
Actual induration in MM only _____		
mm and range REQUIRED (fill bubble)		
() 0 mm	() 5 to < 10 mm	() 15 mm or larger
() 0 to < 5 mm	() 10 to < 15 mm	
<i>OR</i>		
TB Blood	T-Spot QuantiFERON	Results
Test Date: ____ / ____ / ____		() Positive () Negative
TURBERCULOSIS TEST RESULTS SIGNATURE		
Name:		
Signature		
Sig Date:		
Address		
Phone ()		

HOW TO COMPLETE IMMUNIZATION REQUIREMENTS FORM FOR SPRING HILL COLLEGE

1. PRINT CLEARLY WITH DARK BLACK INK.
2. All immunization records must be submitted in ENGLISH.
3. The Tuberculosis screening must be an FDA approved test.
4. Review your forms for completeness and accuracy. Double check ALL signatures. MM/DD/YY date formats.

Your Forms are Due: Two weeks prior to first day of class

**Incomplete/Illegible writing and poor images will be rejected.
Completion of these forms by your due date will help expedite your registration process.**