

## **2023 IMMUNIZATION RECORD**

All immunization records must be submitted in English prior to registration.

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

Part 1: Student Information	<mark>n</mark>	Completed by the student						
Name (please print)								
Last name					First name		Middle Initial	
Date of Birth	1	Student ID #			Daytime phone		Email address	
/				(		)		
mm dd yyyy	-			_   '		)	-	
Part 2: Immunization Histo	NAME OF TAXABLE PARTY.	Muct	ho oomr	loted b	<b>. .</b> .	hoolth gave nyow	idan	
Part 2: Immunization History  Must be completed by a health care provider  Provider: All dates must include month, day, year.								
		Provide	r: All da	tes musi	ın	ciude month, day, y	ear.	
Meningitis A/C/W/Y		Month Da				Tuberculosis Skin or Blood Test Results		
At least 1 dose within the last 10					TB Skin PPD (within 1 year prior to current semester.)			
years.						Date Placed:	Date Read:	
						Actual induration in	n MM only	
MMR: Two (2) doses.					mm and range REQ	UIRED (fill bubble)		
1st must be at least 4 days before	<u> </u>					() 0 mm	() 5 to < 10 mm	() 15 mm or larger
1year of birth.	1st					() 0 to < 5 mm	() 10 to < 15 mm	
2 <sup>nd</sup> must be at least 28 days after							<u>OR</u>	l
the 1st MMR dose.	2 <sup>nd</sup>					TB Blood	T-Spot QuantiFERON	Results
TDaP: Booster within 10 years.						Test Date:		( _) Positive ( _) Negative
HEALTH CARE PROVIDER SIGNATURE						TURBERCULO	SIS TEST RESUL	LTS SIGNATURE
Name:						Name:		
Signature						Signature		
Sig Date:						Sig Date:		
						411		
Address						Address		
Phone ( )						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: July 1, 2023

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

(badgershealth@shc.edu|) 251.380.3023