

2024 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	l	Completed by the student						
Name (please print)								
Last name						First name	Middle Initial	
Date of Birth	Student ID#				Daytime phone		Email address	
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mm dd yyyy				_ [)		
Dout 1. Immunization Histor		Must	ho oomr	loted l	h	a haalth aana muar	:dou	
Part 2: Immunization History Must be completed by a health care provider Provider: All dates must include month, day, year.								
		Providei	r: All da	tes mus	t in	clude month, day, y	ear.	
Meningitis A/C/W/Y		Month		Year	Year Tuberculosis Skir		n 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:	
36360				<u> </u>		Actual induration in	n MM only	
MMR: Two (2) doses.					mm and range		EQUIRED (fill bubble)	
1st must be at least 4 days before						() 0 mm	() 5 to < 10 mm	() 15 mm or larger
1year of birth.	1st					() 0 to < 5 mm	() 10 to < 15 mm	_
2 nd must be at least 28 days after							<u>OR</u>	
the 1 st MMR dose.	2 nd					TB Blood	T-Spot	Results
TDaP:						Test Date:	QuantiFERON	(_) Positive
Booster within 10 years.						Test Date:		(_) Positive (_) Negative
HEALTH CARE PROVIDER SIGNATURE						TURBERCULOSIS TEST RESULTS SIGNATURE		
Name:						Name:		
Signature						Signature		
Sig Date:						Sig Date:		
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, 2024

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