SPRING HILL
C O L L E G E

2026 IMMUNIZATION RECORD

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

*Please complete this form and return it via 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.			
1st must be at least 4 days before 1year of birth.	**1st**		
2nd must be at least 28 days after the 1st MMR dose.	**2nd**		
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	

OR

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 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.
5. State immunization records are not accepted.

Your Forms are Due: January 1, 2026

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

(**badgershealth@shc.edu**)