

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
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____

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 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 that both signature boxes are complete.
5. **State immunization records/printouts are not accepted.**
6. **This completed form must be submitted via email to badgershealth@shc.edu.** Please do not upload this form to the Canvas portal.

Your Forms are Due:

July 1, 2026 (Fall admission) / January 1, 2027 (Spring admission)

Incomplete/Illegible writing and poor images will be rejected.

Completion of these forms by the due date will help expedite your registration process.