Date: _____

For Office Use Only:
Complete_____ _____
Entered _____ _____

MMR _____ _____
Td _____ _____
Tb _____ _____
Letter _____ _____
Phone _____ _____

FRANCIS MARION UNIVERSITY
STUDENT IMMUNIZATION RECORD

Date of Birth_____ Social Security Number _____/_____/_____

Name: _____
(Print) Last First Middle/Maiden

Address: _____
Street City State Zip

Telephone: _____

Proposed registration date: _____Fall _____Spring _____Summer 20_____

IMMUNIZATION RECORD

MUST BE COMPLETED BY A MEDICAL PROFESSIONAL

Francis Marion University **REQUIRES** the following immunizations upon the recommendation of the American College Health Association and South Carolina Department of Health. This applies to all entering students, including undergraduate, transfer, and part-time students.

1. **DPT**: (Circle No. of Doses Received: 1 2 3 4+) – Date of Last Dose — Date: _____

   Tetanus Booster: Must be given within the last 10 years — Date: _____

2. **POLIO**: (Circle No. of Doses Received: 1 2 3 4+) – Date of Last Dose — Date: _____

3. **MMR (**Measles, Mumps, Rubella) – **PROOF OF 2 doses after 1st birthday**
   (*NOT REQUIRED IF BORN BEFORE 1/1/57)
   1. Dose 1 – Immunized at 12 mos. of age or later, AND — #1 Date: _____
   2. Dose 2 – Immunized at least 30 days after Dose 1 — #2 Date: _____

4. **Tuberculin PPD: (**within last 12 months**)** **PPD Results** _____ — Date: _____
   (FOR INTERNATIONAL STUDENTS ONLY)

5. **HEPATITIS B – HBV** (This immunization is RECOMMENDED, BUT NOT REQUIRED)
   #1 Date: _____
   #2 Date: _____
   #3 Date: _____

6. **Meningococcal** (This immunization is RECOMMENDED, BUT NOT REQUIRED) — Date: _____

_____ _____ _____ _____
Healthcare Provider Signature or Clinic Stamp Office Address Office Phone Date

STATEMENT BY STUDENT:

I attest that the information listed above is true and complete to the best of my knowledge.

_____ _____
Signature of Student Date

Please Return To:
Student Health Center
Francis Marion University
P. O. Box 100547
Florence, SC 29501-0547
FAX: 843-661-1818 PHONE: 843-661-1844