

Date: \_\_\_\_\_

# FRANCIS MARION UNIVERSITY STUDENT IMMUNIZATION RECORD

For Office Use Only:	
Complete	_____
Entered	_____
MMR	_____
Td	_____
Tb	_____
Letter	_____
Phone	_____

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.

- 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: \_\_\_\_\_
- POLIO:** (Circle No. of Doses Received: 1 2 3 4+) – Date of Last Dose Date: \_\_\_\_\_
- MMR** (Measles, Mumps, Rubella) – **PROOF OF 2 doses after 1<sup>st</sup> 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: \_\_\_\_\_
- Tuberculin PPD:** (within last 12 months) **PPD Results** \_\_\_\_\_ Date: \_\_\_\_\_  
**(FOR INTERNATIONAL STUDENTS ONLY)**
- HEPATITIS B – HBV** (This immunization is RECOMMENDED, BUT NOT REQUIRED) #1 Date: \_\_\_\_\_  
#2 Date: \_\_\_\_\_  
#3 Date: \_\_\_\_\_
- 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