

Date: _____

FRANCIS MARION UNIVERSITY STUDENT IMMUNIZATION RECORD

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

Date of Birth _____ FM Student ID _____

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 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: _____
- 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