



Francis Marion University Immunization Requirements

In order to protect student health and prevent vaccine-preventable outbreaks on campus, Francis Marion University requires that students provide proof of immunizations AND submit a tuberculosis (TB) risk assessment form prior to registration.

Below is a link to the Immunization and TB Risk Assessment form:

Health History, Immunization, and TB Risk Assessment Forms

You may submit your required documentation via one of the options below:

1. Email to Student Health Services at Studenthealth@g.fmarion.edu
2. Mail to Student Health Services at P.O. Box 100547 Florence, SC 29502-0547
3. Fax to Student Health Services at 843-661-1373.

If you have any questions regarding the University's immunization requirements, please contact Student Health Services at 843-661-1844 or send an email to Student Health Services at studenthealth@g.fmarion.edu.

Required Immunizations:

- M.M.R. (Measles, Mumps, Rubella) doses 1 and 2
 - o 2 doses required at least 28 days apart for students born 1957 or later.
 - o First dose is given at age 12 months or later.
 - o Second dose is given at least 28 days after first dose.
- Tetanus (Td or Tdap) vaccination within the last 10 years.
- Meningococcal vaccine or signed waiver.
- TB Risk Assessment Form must be completed signed and dated.

Recommended Immunizations:

- Hepatitis A (2 doses)
- Hepatitis B (3 doses)
- Varicella (chickenpox) (2 doses)
- Human Papillomavirus Vaccine
- COVID-19



IMMUNIZATION FORM

Last Name	First Name	Date of Birth
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REQUIRED IMMUNIZATIONS

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE	
MMR (Required if born after 1956 or positive titer)	12 Months or Older / /	minimum 1 month / /		
Measles	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached
Mumps	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached
Rubella	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached
Tdap	Adacel Boostrix / /			
Meningococcal (Required if 21 or younger or waiver)	Menactra Menveo / /	Booster required if given before age 16 / /	Booster Type: <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo	

I have read and understand the risk of the Meningococcal disease and I am declining to receive the vaccine.

Declined Meningococcal Vaccination Student Signature Required	Date
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Declined Meningococcal Vaccination Parent/Legal Guardian Signature Required <i>(for students under the age of 18)</i>	Date
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RECOMMENDED IMMUNIZATIONS

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE	
Hepatitis A	/ /	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached
Hepatitis B	/ /	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached
Varicella	/ /	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached
HPV	/ /	/ /	/ /	Series Type: <input type="checkbox"/> Gardasil <input type="checkbox"/> Cervarix <input type="checkbox"/> 9-Valent	
COVID-19	/ /	/ /	/ /	/ /	<input type="checkbox"/> Copy of Report Attached

HEALTH CARE PROVIDER SIGNATURE OR STAMP REQUIRED

Name	Signature	
Address	Phone	