



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.
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	/ /	/ /	/ /	Copy of Report Attached
Mumps	/ /	/ /	/ /	Copy of Report Attached
Rubella	/ /	/ /	/ /	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: Menactra 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	/ /	/ /	/ /	/ /	Copy of Report Attached
Hepatitis B	/ /	/ /	/ /	/ /	Copy of Report Attached
Varicella	/ /	/ /	/ /	/ /	Copy of Report Attached
HPV	/ /	/ /	/ /	Series Type: Gardasil Cervarix 9-Valent	
COVID-19	/ /	/ /	/ /	/ /	Copy of Report Attached

HEALTH CARE PROVIDER SIGNATURE OR STAMP REQUIRED

Name	Signature	
Address	Phone	



Tuberculosis Risk Assessment

Last Name	First Name	Date of Birth
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Please answer the following questions to the best of your knowledge:

Please respond "Yes" or "No" to the following questions by placing an "X" in the appropriate box.	YES	NO
Have you had close contact with someone with known or suspected active Tuberculosis?		
Are you a resident, employee, and/or volunteer in a high-risk congregate setting such as a prison, nursing home, or other health care facility?		
Were you born in one of the countries listed below? If "yes", please put an X next to the country in the list below.		
Have you spent more than two weeks in any of the countries listed below in the past five years? If you answer "yes", please put an "X" next to the country or countries listed below.		

If you answered "No" to all of these questions, no further action is required.

Centers for Disease Control: List of high-risk Tuberculosis exposure countries (please check any that apply):

Afghanistan	Congo DR	Kenya	New Caledonia	Sudan
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Suriname
Angola	Croatia	Korea - DPR	Niger	Syrian Arab Republic
Anguilla	Djibouti	Korea Republic	Nigeria	Swaziland
Argentina	Dominican Republic	Kuwait	Niue	Tajikistan
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tanzania - UR
Azerbaijan	Egypt	Lao PDR	Pakistan	Thailand
Bahamas	El Salvador	Latvia	Palau	Timor-Leste
Bahrain	Equatorial Guinea	Lesotho	Panama	Togo
Bangladesh	Eritrea	Liberia	Papua New Guinea	Tokelau
Belarus	Estonia	Lithuania	Paraguay	Tonga
Belize	Ethiopia	Macedonia - TFYR	Peru	Tunisia
Benin	Fiji	Madagascar	Philippines	Turkey
Bhutan	French Polynesia	Malawi	Poland	Turkmenistan
Bolivia	Gabon	Malaysia	Portugal	Tuvalu
Bosnia and Herzegovina	Gambia	Maldives	Qatar	Uganda
Botswana	Georgia	Mali	Romania	Ukraine
Brazil	Ghana	Marshall Islands	Russian Federation	Uruguay
Brunei Daryssakan	Guam	Mauritania	Rwanda	Uzbekistan
Bulgaria	Guatemala	Mauritius	St. Vincent and The Grenadins	Vanuatu
Brukina Faso	Guinea	Mexico	Sao Tome and Principe	Venezuela
Barundi	Guinea-Bissau	Micronesia	Saudi Arabia	Vietnam
Cambodia	Guyana	Moldova - Rep.	Senegal	Wallis and Futuna Islands
Cameroon	Haiti	Mongolia	Seychelles	W. Bank and Gaza Strip
Cape Verde	Honduras	Montenegro	Sierra Leone	Yemen
Central African Rep.	India	Morocco	Singapore	Zambia
Chad	Iran	Myanmar	Solomon Islands	Zimbabwe
Colombia	Iraq	Namibia	South Africa	
Comoros	Japan	Nauru	Spain	
Congo	Kazakhstan	Nepal	Sri Lanka	

Is Tuberculosis testing required?

If you answered "Yes" to any of the questions above, you are required to have a TB skin test, QuantiFERON Gold or T-Spot serology test. Students are REQUIRED to be screened immediately upon arrival to Francis Marion University or provide proof of screening within the past 12 months. IF YOU HAVE EVER HAD A POSITIVE TB SKIN TEST, YOU MUST PROVIDE A LETTER OF CLEARANCE FROM YOUR PHYSICIAN.

TUBERCULOSIS SCREENING

TB Testing	Date	Results	
<input type="checkbox"/> QuantiFERON® TB Gold <input type="checkbox"/> T-SPOT Blood Test			<input type="checkbox"/> Copy of report attached
<input type="checkbox"/> PPD			<input type="checkbox"/> Copy of report attached
<input type="checkbox"/> Chest X-Ray (CXR) (Required if positive TB test)		CXR Reading: <input type="checkbox"/> Normal (no evidence of TB) <input type="checkbox"/> Abnormal	<input type="checkbox"/> Copy of report attached
Student Signature Required	Parent/Legal Guardian Signature Required (for students under the age of 18)	Date	