



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
 - 2 doses required at least 28 days apart for students born 1957 or later.
 - First dose is given at age 12 months or later.
 - 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
Declined Meningococcal Vaccination Parent/Legal Guardian Signature Required (for students under the age of 18)	Date

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



FRANCIS MARION UNIVERSITY STUDENT HEALTH SERVICES

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):

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