



IMMUNIZATIONS

You may attach an official copy of your immunizations in place of this form. (It must be in English)

STUDENT NAME	DATE OF BIRTH	SOUTHERN ID NUMBER
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- I am attaching a physician's statement documenting medical contraindication or immunity.
- I claim religious exemption. (Attach Religious Exemption form. Download at southern.edu/universityhealth.)

REQUIREMENTS

1. **MEASLES, MUMPS, RUBELLA (MMR):** Proof of immunization with two doses of MMR vaccine at least 28 days apart or serology showing immunity.
2. **VARICELLA (Chickenpox):** Proof of immunization with two doses of Varicella vaccine at least 28 days apart or immunity to Varicella.
3. **HEPATITIS B:** Proof of immunization with three doses of Hepatitis B vaccine or documentation of serology showing immunity.
4. **TDAP:** Students must provide proof of Tdap booster within the last 10 years.
5. **MENINGOCOCCAL (Meningitis):** Proof of immunization, or after reading the attached Meningitis fact sheet, initial below indicating the desire to waive the vaccine, understanding said risks/benefits.
6. **TUBERCULOSIS (TB):** PPD or IGRA (Quantiferon Gold or Tspot) results dated within the last six months.

TO BE COMPLETED BY THE HEALTHCARE PROVIDER					SIGNATURE OR STAMP
MMR	DOSE DATE	DOSE 2 DATE	TITER		
VARICELLA	DOSE DATE	DOSE 2 DATE	TITER		
HEPATITIS B	DOSE DATE	DOSE 2 DATE	DOSE 3 DATE	TITER	
TDAP	DOSE DATE				
MENINGITIS	DOSE DATE	<input type="checkbox"/> I (STUDENT) CHOOSE TO WAIVE			
TUBERCULOSIS PPD OR IGRA SKIN TEST	DATE GIVEN	SITE	DATE READ READ BY:	RESULTS _____ mm induration	
I certify that this information is correct					
_____ Healthcare Provider Signature		_____ Print Name		_____ Today's Date	_____ Phone Number