

Date: _____

FRANCIS MARION UNIVERSITY STUDENT IMMUNIZATION RECORD

Date of Birth _____ Social Security Number ____/____/____

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.

1. **DPT:** (Circle No. of Doses Received: 1 2 3 4+) - Date of Last Dose Date: _____
TETANUS: Must be given within the last 10 years Date: _____
2. **POLIO:** (Circle No. of Doses Received: 1 2 3 4+) - Date of Last Dose Date: _____
3. **MMR** (Measles, Mumps, Rubella) - **PROOF of 2 doses after 1st birthday**
(*NOT REQUIRED IF BORN BEFORE 1/1/57) #1Date: _____
#2Date: _____
4. **Tuberculin PPD:** (within last 12 months) PPD Results _____ Date: _____
5. **HEPATITIS B - HBV** (This immunization is RECOMMENDED, BUT NOT REQUIRED) #1Date: _____
#2Date: _____
#3Date: _____
6. **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: 843-662-5820 PHONE: 843-673-9855