

Immunization Form (Complete if you were born in 1957 or later.)

Last name _____ First name _____

Social Security number _____ Date of birth _____

Permanent address - PO Box, RFD, Street _____

City _____ State _____ Zip code _____

To achieve immunization compliance, students born in 1957 or later must provide Student Health Services with proof of 2 MMRs (Measles, Mumps and Rubella) **OR** 2 Measles (Rubeola), 1 Rubella and 2 Mumps **OR** documentation of physician-diagnosed measles, mumps and laboratory evidence of immunity to rubella. In addition, international students from high risk countries must provide a tuberculin skin test PPD (Mantoux) within the past six months. If there is a history of a positive skin test, a chest X-ray is required. All immunization and tuberculin skin test documents must be submitted in English. You must forward the required information to:

Student Health Services, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054
Telephone number: 843-349-6543 • Fax number: 843-349-6546

Required Immunizations

Measles/Mumps/Rubella (MMR) Dose #1: (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ Dose #1: (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$
(2 doses required at least 28 days apart)

OR

Rubeola (Measles) (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ Reimmunized (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ **OR** Titer (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ **OR** Illness (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Rubella (German Measles) (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ Reimmunized (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Mumps (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ Reimmunized (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ **OR** Titer (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ **OR** Illness (Date) $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Required Tuberculosis Screening (if from high risk countries)*

Tuberculin Skin Test (PPD)

(within past 6 months)

Date given: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Date read: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Result: _____ (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive _____ negative _____

*Go to http://www.coastal.edu/health/i_requirements.html for list of high risk countries.

