

There must be adequate levels of immunity against the following (acquired naturally or by immunization) and a negative TB Test:

Diphtheria/Tetanus (a minimum of three injections, the last within the past 10 years); Poliomyelitis (Polio) required for students less than 19 years of age, a minimum of three oral (Sabin doses; the last after age four); Measles (Rubeola) (proof of disease, or 2 immunizations received after 1 year of age and 30 days apart & since Jan. 1, 1968). Measles proof is NOT required if born prior to 1957; Rubella German Measles); Mumps; and Tuberculosis Testing (negative TB Skin Test OR negative Chest Xray within 1 year)

**To use this form, print the page and after completed, mail to:
 Student Health Services, Stephen F. Austin State University, PO Box 13058, SFA Station,
 Nacogdoches, TX 759623058**

Name _____ CID # _____
 Address _____
 City, State, Zip _____
 Date of Birth _____

PLEASE HAVE YOUR FAMILY PHYSICIAN OR SCHOOL NURSE COMPLETE THE FOLLOWING:

| IMMUNIZATION | DATE OF COMPLETION OF SHOT SERIES | |
|--|--|--------------|
| Diphtheria/Tetanus (Td) | | |
| Poliomyelitis (Polio) | | |
| Measles (Rubeola) 1st shot | | |
| Measles (Rubeola) 2nd shot | | |
| German Measles (Rubella) | | |
| Mumps | | |
| Hepatitis B – 1st shot | | |
| Hepatitis B – 2nd shot | | |
| Hepatitis B – 3rd shot | | |
| Varicella (Chicken pox) | | |
| Meningitis | | |
| TUBERCULIN TEST | (Either the skin test or the x-ray must be negative. Either test must be done within 1 year prior to admission.) | |
| | DATE OF COMPLETION | TEST RESULTS |
| TB Skin Test (PPD) | | |
| OR | | |
| Chest Xray | | |
| PHYSICIAN / NURSE: | | |
| Name | | |
| Address | | |
| City, State, Zip | | |
| Signature or Facsimile stamp of Physician or Nurse | | |