



International Student Immunization Record

Name _____ SID _____
Last First MI Preferred Name

Address _____
Street City State ZIP

Date of Birth ____/____/____ Female Male E-Mail: _____

Enrolling Year _____ Fall Jan Term Spring Summer

M.M.R. (Measles, Mumps and Rubella)
 (No immunization required if born before 1957)

M.M.R. (Measles, Mumps, Rubella)	#1 ____/____/____ month/ day/ year	#2 ____/____/____ month/day/year
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OR

MEASLES (Rubeola) two doses required OR positive immune titer*
MUMPS one dose required OR report of positive immune titer*
RUBELLA one dose required OR report of positive immune titer*

Measles	#1 ____/____/____ month/day/year	#2 ____/____/____ month/day/year	Titer results and date *attach report copy
Mumps	#1 ____/____/____ month/day/year	Titer result and date *attach report copy _____	
Rubella	#1 ____/____/____ month/day/year	Titer result and date *attach report copy _____	

TETANUS-DIPHTHERIA PERTUSIS
 Vaccination must be within the last 10 years

Tdap ____/____/____ month/day/year	OR	Td ____/____/____ month/day/year
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TUBERCULOSIS SCREENING:

All international students, regardless of country of origin, must present to University Health Services for tuberculosis risk assessment upon arrival to campus.

VARICELLA (Chickenpox)

Varicella Titer	____/____ month/year	
OR Immunization	#1 ____/____/____ month/day/year	#2 ____/____/____ month/day/year

MENINGOCOCCAL QUADRIVALENT

Students < 21 years must have a dose of conjugate vaccine at ≥ 16 years of age	____/____/____ month / day/ year
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REQUIRED OF ALL HEALTH SCIENCES STUDENTS (recommended for all students)

HEPATITIS B VACCINE

#1 ____/____/____ month/day/year	#2 ____/____/____ month/day/year	#3 ____/____/____ month/day/year
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OR

TITER

Hepatitis B Surface Antibody	____/____/____ month/day/year	Reactive Non-reactive
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THIS RECORD MUST BE SIGNED BY A HEALTH-CARE PROVIDER (Health Department stamp is acceptable).

MD/PA/NP/RN Signature _____ Date _____

Name (print) _____ Phone (____) _____

Address _____

COMPLETE ALL DOCUMENTATION AND RETURN TO UNIVERSITY HEALTH SERVICES BEFORE ARRIVAL.

By mail: University Health Services
 Samford University
 800 Lakeshore Drive
 Birmingham, AL 35229

By email: SUHealth@samford.edu (.pdf attachments only)

By fax: 205-726-4042