St. Andrews University
Attn: Office of Health & Wellness
1700 Dogwood Mile
Laurinburg, NC 28352
Phone: 910-277-5040 / 910-277-5149
Fax: 910-277-5746
Email: healthforms@sa.edu

St. Andrews UNIVERSITY
A Branch of Webber International University

Immunization Documentation to Be Completed by Your Physician

Patient (Student)Last Name First Name MI Date of Birth

SPECIAL INSTRUCTIONS FOR IMMUNIZATION DOCUMENTATION FORM

- Month, date, and year for all immunizations must bedocumented.
- Please note you must show proof of tetanus immunization—both the initial series and a booster within the last 10 years.
- Only laboratory proof of immunization is acceptable for MMR. History of disease, even from a physician, IS NOT ACCEPTABLE PROOF.
- Any medical exemption from the immunization requirements must be verified in a written statement from your physician.
- All immunization records for international students must be translated into English.

REQUIRED VACCINES: Please indicate Month/Date/Year (xx/xx/xxxx)

DPT, DT, or **TD** (series of 3 required) _____ _____ _____ _____ _____

Hepatitis B _____ _____ _____
Titer Date: _____ **Result:** _____

MMR (series of 2 required) _____ _____-OR- **Titer Date & Result:**_____(Attach Lab Report)

Polio (oral series of 3 doses) _____ _____ _____ _____ _____

Tetanus Booster (within the last 10 years) _____

Tuberculin Skin Test (Required for International Students Only). Not if had BCG; date of BCG:_____
Date of TB Test:_____ **Result:**_____ **Negative:** _____
Positive mm induration (please describe below):
_____
_____

Chest X-Ray (Required if TB skin test is positive) **Date:**_____ **Result:**_____
(Please attach a copy of the report)

RECOMMENDED VACCINES: Please indicate Month/Date/Year (xx/xx/xxxx)

Varicella Series _____ _____

Meningococcal _____ **Disease Date:**_____**Titer Date:**_____ **Result:**_____

I certify that the above named student has received the vaccines listed above on the dates specified.

Physician Signature:_____

Please print of stamp physician or facility name, office address, and phone number.

RETURN ALL INFORMATION SO THAT IT ARRIVES BY AUGUST 1ST.

For Office Use Only
Rec'd:_____ Date:_____

Revised 12/12/17