

IMMUNIZATION FORM,**Page 1 of 2**

Mail or fax to:

Jacksonville State University

Student Health Center

1701 Pelham Road South

Jacksonville, Alabama 36265-1602

P.256.782.5310 F.256.782.5307

NOTICE: The information provided on the Immunization Form is strictly confidential. Information may not be released to a third party unless you provide authorized release. This authorized release must comply with State and Federal Regulations. The information contained herein is required for medical treatment at the Student Health Center. Incomplete or inaccurate information may result in inability to register for classes, cancellation of class registration, or cause improper decision/diagnosis for your future medical care.

| | | | |
|--------------------------|------------------------|---------------|-----------------|
| Name: Last | First | MI | JSU ID#: |
| Address: | Gender: | SS#: - - | |
| City: | State: | Zip: | Birth date: / / |
| Phone/Cell: | U.S. Citizen (Circle): | | Y N |
| Emergency Contact: Name: | Number: | Relationship: | |

REQUIRED IMMUNIZATIONS:

| Vaccine | Date MM/DD/YYYY | Date MM/DD/YYYY | Date MM/DD/YYYY | Date of Titer MM/DD/YYYY & Results Required in lieu of Vaccine |
|---|---|--------------------|--------------------|---|
| Tetanus, diphtheria, pertussis (Td/Tdap) | Td: / / OR Tdap: / / | | | |
| | Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years. | | | |
| Varicella | #1: / / | #2: / / | | / / VZV IgG |
| | #2 Varicella dose must be given at least 12 weeks after #1 Varicella dose ages 1-12 years and at least 4 weeks after first dose if age 13 years or older. | | | or / / Date of Disease or / / Birth date: Born in the US before 1980 |
| Measles, Mumps, Rubella (MMR) | #1: / / Given at age 12 months or later | #2: / / | | / / Rubella IgG |
| | #2 MMR dose must be administered at least 28 days after #1 MMR dose. | | | / / Rubella IgG |
| | | | | / / Mumps IgG |

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**** Attach copy of immunization records when submitting this form. ****

By signing below, I certify the information given on this immunization form is true and correct. I understand this form is part of my official application to the University. I agree to notify the Student Health Center of any change that occurs in my physical or mental health either prior to my registration or while I am a student at the University.

Signature

Date

Printed Name

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| | | | |
|-----------------------|-------|----|----------|
| Name: Last | First | MI | JSU ID#: |
| Birth date: / / | | | |

RECOMMENDED IMMUNIZATIONS:

| Vaccine | Date MM/DD/YYYY | Date MM/DD/YYYY | Date MM/DD/YYYY | Date of Titer/Results Required in lieu of Vaccination Proof |
|---|--|--------------------|--------------------|--|
| Meningococcal | Quadrivalent conjugate (preferred): (i.e. Menactra®, Menveo®) | | | |
| | #1 / / | #2 / / | | |
| | or | | | |
| | Quadrivalent polysaccharide (i.e. Menomune®) | | | |
| | / / | | | |
| | Meningococcal highly recommended for students living in residence halls. | | | |
| Influenza | / / | | | |
| Pneumococcal | / / | | | |
| Hepatitis A (May be combined with Hepatitis B) | #1: / / | #2: / / | | |
| Hepatitis B (May be combined with Hepatitis A) | #1: / / | #2: / / | #3: / / | / / HBsAb |
| | #2 Hepatitis B dose should be administered 1 month after #1 Hepatitis B dose; #3 Hepatitis B dose should be administered at least 2 months after #2 Hepatitis B dose (and at least 4 months after #1 Hepatitis B dose). | | | |
| Human papillomavirus (HPV) | #1: / / | #2: / / | #3: / / | |
| | #2 HPV dose should be administered 1-2 months after #1 HPV dose; # 3 HPV dose should be administered 6 months after #1 HPV dose. Recommended for females and males 11-26 years of age. | | | |

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