TUBERCULOSIS SCREENING & IMMUNIZATION FORM

ALL NEWLY ADMITTED INTERNATIONAL AND ESL STUDENTS MUST PROVIDE PROOF OF ADEQUATE IMMUNIZATION AGAINST CERTAIN DISEASES.

ALL INTERNATIONAL STUDENTS ARE REQUIRED TO HAVE THE MENINGITIS VACCINE.

UNIVERSITY OF SOUTH ALABAMA
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ALL IMMUNIZATION RECORDS SHOULD BE SUBMITTED IN ENGLISH.
The Tuberculosis screening must be an FDA approved test.

Please mail or fax to University of South Alabama Student Health Center at 650 Clinic Drive Suite 1200 Mobile, AL 36688
(251) 460-7151/ FAX (251) 414-8227

IMMUNIZATIONS: *The University of South Alabama requires that all International & ESL students born after 1956 must have had 2 doses of a measles containing vaccine (rubeola, M.R., MMR) prior to registration. One dose must have been after 1980 and at least one of the doses must have been an MMR. Also, all international students and students living in the residency halls must provide proof of having received immunization for bacterial meningitis. Additional forms can be downloaded at www.southalabama.edu/studenthealth.*

The University of South Alabama (USA) requires that all enrolling International and ESL students MUST provide acceptable proof of tuberculosis screening. The screening result date must be within the past six(6) months.

	Date	Result in mm	Positive	Negative
TB Skin Test (TST/PPD):	___/___/___	_____	☐	☐
Result:				
If TST Positive, Chest X Ray:	___/___/___	_____	Normal ☐	Abnormal ☐

Physician Signature _____ Date_____ License #

Required	Vaccine/Type	Date Administered	Vaccine/Type	Date Administered
Measles (Rubeola)				
German Measles (Rubella)				
Mumps				
Meningitis				

In lieu of above:

Positive titer date (Rubeola) ___/___/___ Positive titer date (Rubella) ___/___/___

Positive titer date (Mumps) ___/___/___

****** (OPTIONAL) ****** (OPTIONAL) ****** (OPTIONAL) ****** (OPTIONAL) ******

*Tetanus___/___/___ Varicella___/___/___

**A tetanus booster or basic series within the past 6 years is recommended.*

Hepatitis B (3 shots)___/___/___ ___/___/___ ___/___/___
1st 2nd 3rd

Physician or Authorized Signature | Date | License # or Office Stamp

Please have your health care provider complete and sign or attach documents verifying that you have completed required screening and immunizations.
Failure to provide the immunization record prior to the beginning of class may impact the enrollment status.

Name: | Student #: | DOB:

THESE TESTS WILL ALSO BE AVAILABLE AT STUDENT HEALTH DURING ORIENTATION.