Immunization Record Form

Complete & Fax or Mail: **Stephen F Austin State University**
Student Health Services
PO Box 13058
Nacogdoches, TX 75962-3058
Fax: (936) 468-1316

For more information call the clinic at (936) 468-4008

Student's Full Name _____

Campus ID # _____ **DOB** _____

Phone Number (s) _____

Home address _____

City, State, Zip _____

IMMUNIZATIONS	DATE(S) GIVEN		
Meningitis Vaccine (Meningococcal Conjugate Vaccine MCV4 *or MPSV4)*			
Tetanus/ Diphtheria/Pertussis (Tdap) or (Td)			
Oral Polio (IPV) Inactivated Poliovirus Vaccine			
MMR - Measles (Rubeola) (2 doses); Mumps; Rubella			
Hepatitis A Vaccine (HepA)			
Hepatitis B (HepB) (3 doses)			
Varicella Vaccine (Chicken Pox)			
OTHER IMMUNIZATIONS			
Human Papillomavirus Vaccine (HPV)			

TB Skin Test (PPD) **or** Chest X-Ray	DATE OF LAST TB TEST	DATE OF LAST CHEST X-Ray	TEST RESULTS

PHYSICIAN / NURSE / PHYISIAN ASSISTANT / NURSE PRACTIONER:
Printed Name
Address
City, State, Zip
Physician or Nurse Signature or Facsimile Stamp