

There must be adequate levels of immunity against the following (acquired naturally or by immunization) and a negative TB Test:

Diphtheria/Tetanus (a minimum of three injections, the last within the past 10 years); Poliomyelitis (Polio) - required for students less than 19 years of age, a minimum of three oral (Sabin doses; the last after age four); Measles (Rubeola) - (proof of disease, or 2 immunizations received after 1 year of age and 30 days apart & since Jan. 1, 1968). Measles proof is NOT required if born prior to 1957; Rubella German Measles); Mumps; and Tuberculosis Testing (negative TB Skin Test OR negative Chest X-ray within 1 year)

**To use this form, print the page and after completed, mail to:
 Student Health Services, Stephen F. Austin State University, PO Box 13058, SFA Station,
 Nacogdoches, TX 75962-3058**

Name _____ Social Security # _____
 Address _____
 City, State, Zip _____
 Date of Birth _____

PLEASE HAVE YOUR FAMILY PHYSICIAN OR SCHOOL NURSE COMPLETE THE FOLLOWING:

IMMUNIZATION		DATE OF COMPLETION OF SHOT SERIES	
Diphtheria/Tetanus - (Td)			
Poliomyelitis - (Polio)			
Measles (Rubeola) - 1st shot			
Measles (Rubeola) - 2nd shot			
German Measles - (Rubella)			
Mumps			
TUBERCULIN TEST	(Either the skin test or the x-ray must be negative. Either test must be done within 1 year prior to admission.)		
		DATE OF COMPLETION	TEST RESULTS
TB Skin Test (PPD)			
OR			
Chest X-ray			
PHYSICIAN / NURSE:			
Name _____			
Address _____			
City, State, Zip _____			
Signature or Facsimile stamp of Physician or Nurse _____			