

Charleston Southern University

Residence Life & Campus Safety

9200 University Boulevard • P.O. Box 118087 • Charleston, SC 29423-8087 • 843-863-7104

Immunization Record

(Required for Residence Hall assignment)

Print Name: _____

Social Security # _____ - _____ - _____ Date Of Birth ____/____/____

University policy **requires** students to have the following immunizations for their protection prior to admittance to the Charleston Southern University residence hall system. **All information must be in English and completed, dated and signed by your Health Care Provider. Parental signatures are not accepted.**

Required

A. M.M.R. (Measles, Mumps, Rubella) (Two doses required)

1 ____/____ # 2 ____/____
Mo Yr Mo Yr

B. Tetanus-Diphtheria (Primary series with DtaP or DTP and booster with Td in the last ten years meets requirements.)

1. Primary series with four doses with DtaP or DTP:

1 ____/____ # 2 ____/____ # 3 ____/____ # 4 ____/____
Mo Yr Mo Yr Mo Yr Mo Yr

and

2. Tetanus-Diphtheria (Td) booster within last ten years ____/____
Mo Yr

C. Polio (Primary series in childhood meets requirement; three primary series schedules are acceptable.)

1 ____/____ # 2 ____/____ # 3 ____/____ _____
Mo Yr Mo Yr Mo Yr Type

D. Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years meets the requirement.)

1. **History of Disease** Yes___ No___ Year____

or

2. **Varicella antibody** ____/____ Reactive___ Nonreactive___

or

3. **Two doses of vaccine given at least one month apart if immunized after age 13** _____

1st dose date

2nd dose date

E. Hepatitis B (Three doses of vaccine or a positive Hepatitis surface antibody meets the requirement.) A minimum of Dose #1 of the Hepatitis B immunization must be received prior to moving in the residence halls. Doses #2 and #3 must be completed prior to the end of the first semester for students to be able to continue living in the residence halls.

1. **Immunization** # 1 ____/____ # 2 ____/____ # 3 ____/____
Mo Yr Mo Yr Mo Yr

or

2. **Hepatitis B surface antibody** ____/____ Reactive___ Nonreactive___
Mo Yr

F. Tuberculosis Screening (PPD required regardless of prior BCG inoculation.)

1. **PPD (Mantoux) within the past 12 months** (tine or monovac not acceptable)

Result: Neg___ Pos___ mm induration (horizontal diameter)

Date of Test: Month___ Year___

2. **If PPD is positive, chest X-ray required:**

X-ray result: Normal___ Abnormal___

Date of Test: Month___ Year___

Recommended

A. **Influenza** (Annual immunization recommended to avoid disruption to academic activities.)

____/____
Mo Yr

B. **Meningococcal** (One dose-preferably at entry into college for freshmen living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any undergraduate less than 25 years who wishes to reduce their risk of disease can consider the vaccine. Students with immunodeficiency such as complement deficiency or asplenia should receive vaccine q3-5 yrs.)

Quadrivalent polysaccharide vaccine ____/____
Mo Yr

NOTE: This certificate must be on file at the university before your housing assignment can be completed. Immunization records are required to live in the residence halls.

I certify the preceding information is correct to the best of my knowledge.

Health Care Provider Signature (Licensed Physician, Registered Nurse, Health Care Agency — Parent/Student signature not acceptable):

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone: () _____ - _____