

Charleston Southern University

Department of Residence Life
9200 University Blvd. North Charleston SC 29406

Student Immunization Record --- Required for Residence Hall Assignment

Print Name	Date of Birth
Student ID#	CSU Start Date

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

Required Vaccines	Doses	Date	Date	Date	Date
M.M.R. (Measles, Mumps, Rubella)	2	/	/		
Hepatitis B	3	/	/	/	
Tetanus-Diphthera (primary series and booster) Tetanus-Diphtheria Booster (Td/Tdap) (within last 10 years)	4	/	/	/	/
	1	/			
Varicella (one dose if vaccinated before age 13) OR History of Disease OR Antibody titer	1	/	Booster		/
	Yes ___ No ___		Year _____		
	Reactive: Yes ___ No ___			Date of Test: _____	
Recommended Vaccines		Date	Date	Date	Date
Polio	3	/	/	/	
Meningococcal Vaccine MCV4: (Menactra or Menveo) Booster dose required if the previous dose was given before age 16.	1	/	Booster		/
HPV (Human Papillomavirus)	3	/	/	/	
COVID-19		/	/	/	/
Influenza	annual	/	/	/	/
TB Screening for International Students who were born in or who frequently travel to countries where TB disease is common, including, but not limited to Mexico, the Philippines, Vietnam, India, China, Haiti, Guatemala, or other countries with high rates of TB. Students who have received the BCG Vaccine <u>do not</u> have to submit a TB screening.					
		Date	Results		
BCG Vaccine	1	/			
TB screening (within the last 12 months) (screening can be PPD or Quantiferon)	1	/	POS	NEG	
If TB screening is positive, a chest x-ray is required		/	X-ray: Normal _____ Abnormal _____		

I certify that the preceding information is correct to the best of my knowledge. Health Care Provider signature (licensed Physician, Registered Nurse, Health Care Agency) required. Parent or student signatures are not acceptable.

Signature: _____ Date: _____

Print Name: _____ Title: _____ Phone Number: _____

Address: _____

Please maintain a copy of this form for your personal records. Copies may not be available to you in the future.