



Limestone College

Limestone College Immunization Record

(Must be completed and signed by a Health Care Professional)

Name: _____ SS# _____ - _____ - _____

Date of Birth ____/____/____ Student ID # _____

Limestone College **REQUIRES** the following immunizations upon the recommendation of the American College Health Association and South Carolina Department of Health

ALL DATES MUST INCLUDE MONTH, DAY AND YEAR

- 1) Tetanus-Diphtheria: Booster with TDAP in the last 10 years
Date: Mo ____ Day ____ Year ____
- 2) M.M.R. (measles, mumps, rubella) – Proof of 2 doses after 1st birthday
Dose 1: Mo ____ Day ____ Year ____
Dose 2: Mo ____ Day ____ Year ____
- 3) Polio – (OPV, TOPV) (Circle number of doses received: 1 2 3 4 5)
Date of last dose: Mo ____ Day ____ Year ____
- 4) Hepatitis B # 1 _____ #2 _____ #3 _____
- 5) Meningitis (highly recommended) Mo ____ Day ____ Year ____
- 6) Tuberculosis screening questionnaire (see next page) **NOTE: If you have had a positive PPD/TB test you must submit a copy of your chest x-ray report prior to registration.**

The above vaccines are **REQUIRED OR RECOMMENDED** as part of Limestone College’s mandatory Health Form. There are additional vaccines that are recommended by the CDC. We encourage you to discuss these vaccines with your health care professional.

If you cannot provide Immunization Records you will be required to have all vaccines or sign a release.

I certify the above information is correct _____

Physician’s Signature or office stamp required