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**2021-2022
 Mandatory
 Immunization
 Form**

REQUIRED – SLU ID NUMBER (7 digits):

Name: _____ First Term of Attendance: FALL SPRING SUMMER

Date of Birth: _____ Phone: _____

SECTION A: Required Immunizations

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis B				
<input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine. _____ <div style="display: flex; justify-content: space-between;"> Student or Guardian Signature Date </div>				
3. MCV4 (Menactra/Menveo)			--NOT APPLICABLE--	
<input type="checkbox"/> I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine. _____ <div style="display: flex; justify-content: space-between;"> Student or Guardian Signature Date </div>				

4. Tuberculosis Screening (Required for International Students) Must have completed testing 6 months prior of arrival to campus.				
TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

SECTION B: Optional Immunizations – Not Required

Td		--NOT APPLICABLE--
Tdap (Adacel/Boostrix)		--NOT APPLICABLE--
Varicella (Chickenpox)		--NOT APPLICABLE--
Hepatitis A		
HPV (Gardasil or Cervarix)		--NOT APPLICABLE--
COVID-19	Moderna/Pfizer/J&J	--NOT APPLICABLE--
Meningitis B	Bexsero	--NOT APPLICABLE--
	Trumenba	--NOT APPLICABLE--

An official stamp from a doctor's office, clinic or health department AND an authorized signature must appear here or a complete immunization history from your physician or this form will not be approved.

Official Office Stamp Here

Physician or Authorized Signature

Date