TUBERCULOSIS SCREENING & IMMUNIZATION FORM

UNIVERSITY OF SOUTH ALABAMA

ALL NEWLY ADMITTED INTERNATIONAL AND ESL STUDENTS MUST PROVIDE PROOF OF ADEQUATE IMMUNIZATION AGAINST CERTAIN DISEASES

THESE TESTS WILL ALSO BE AVAILABLE ON CAMPUS DURING ORIENTATION. THE COST FOR MMR IS $50.00 PER INJECTION AND TB TEST IS $5.00

ALL IMMUNIZATION RECORDS SHOULD BE SUBMITTED IN ENGLISH.

The Tuberculosis screening must be an FDA approved test.

The University of South Alabama (USA) requires that all enrolling International and ESL students MUST PROVIDE acceptable proof of tuberculosis screening. The screening result date must be within the past six (6) months.

	Date	Result in mm	Positive	Negative
TB Skin Test (TST/PPD):	___/___/___	_____	☐	☐
Result:			Normal	Abnormal
If TST Positive, Chest X-ray:	___/___/___		☐	☐

Physician or Authorized Signature _____ Date _____ License # or Office Stamp _____

IMMUNIZATIONS: *The University of South Alabama requires that all International & ESL students born after 1956 must have had 2 doses of a measles containing vaccine (rubeola, M.R., MMR) prior to registration. One dose must have been after 1980 and at least one of the doses must have been an MMR.*

Required

	First Immunization				*Second Immunization*			
	Vaccine/Type	Month	Date	Year	Vaccine/Type	Month	Date	Year
Measles (Rubeola)								
German Measles (Rubella)								
Mumps								

Or in lieu of above: Positive titer date (Rubeola) ____/____/____ Positive titer date (Rubella) ____/____/____

******* (OPTIONAL) ***** (OPTIONAL) ***** (OPTIONAL) ***** (OPTIONAL) ***** (OPTIONAL) ***** (OPTIONAL) ***** (OPTIONAL) ***** (OPTIONAL)**

Please specify dates

*Tetanus ____/____/____ Menomune ____/____/____ Varicella ____/____/____

**A tetanus booster or basic series within the past 6 years is recommended.*

Hepatitis B (3 shots) ____/____/____ (1st) ____/____/____ (2nd) ____/____/____ (3rd)

Physician or Authorized Signature _____ Date _____ License # or Office Stamp _____

Please have your health care provider complete and sign or attach documents verifying that you have completed required screening and immunizations.
Please send to the Student Health Center at 307 University Blvd.N HSB SUITE 1200 Mobile,Al 36688 or bring it with you to your orientation session.
FAX#: (251) 414-8227 or Email us at www.usouthal.edu/studenthealth

Name:_____ Student # :_____ DOB:_____