Student Immunization **Record**

⚠ *Required for* **ALL** *students.*

Seattle Pacific University

This form should be returned directly to:

Health Services, Watson Hall
Seattle Pacific University
3307 Third Avenue West, Suite 110
Seattle, Washington 98119–1922

Phone: 206-281-2231 | Fax: 206-281-2674

Part 1 To Be Completed by the Student

Name _____ Birth Date _____
Last First Middle Month Day Year

Student ID# ☐☐☐☐☐☐☐☐☐

Part 2 Required of All Entering Students

Required documentation can include one of the following: **(a)** Healthcare Provider filling out the form below with signature; **(b)** Copy of official document (i.e. Immunization Card); **(c)** Copy of Healthcare Provider's form; or **(d)** Blood Test (Rubeola and Rubella Titers) to demonstrate immunity to MMR.

	DATE	DATE	
MMR Two doses after 12 months of age or born before 1957.	1)	2)	Attach copies of positive titers for Rubeola and Rubella if MMR dates unavailable.
Tetanus-Diphtheria Within last 10 years. Mark Type: ☐ Td ☐ Tdap			

INTERNATIONAL STUDENT ONLY:	DATE GIVEN	DATE READ	INDURATION	
TB Skin Test (PPD) Must be done within last 6 months and done in the United States			_____ mm	

_____ _____ _____
Signature or Stamp of Health Practitioner | Print Name with Designation | Date

Part 3 Recommended Immunizations

	DATE	DATE	DATE
Meningococcal	1)		
Polio	Series	Booster	
Hepatitis A	1)	2)	
Hepatitis B	1)	2)	3)
Varicella *(If no history of disease)*	1)	2)	
Influenza	1)		

Name _____ Student ID# | | | | | | | | | |
Last First Middle

Part 4 Travel Immunizations

The following immunizations are not required for students. If you participate in a cross-cultural experience, you may need the following documentation.

	DATE	DATE	DATE
Typhoid *(specific type)*			
Rabies	1)	2)	3)
Yellow Fever			
Japanese Encephalitis			
Other:			

For Office Use Only:
Immunizations received at Health Services, Seattle Pacific Unviersity.

DATE	VACCINE/MANUFACTURER/LOT #	DOSE	VIS DATE	SIGNATURE