



Immunization Form

To ensure the health and safety of our campus, immunizations against communicable disease is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, and Meningococcal is required, as well as a negative Tuberculosis skin test. This is a requirement for all International Students. This form must be completed and submitted prior to admission in any ACCS institution.

Name _____
 Last First Middle SS#/ID

Address _____
 Street City State Zip

Date of Birth ____ / ____ / ____ Contact Number _____ Email _____

Section A: Required Immunizations/Tests			
	Month/Day/Year	Month/Day/Year	
1. Meningitis Vaccine- within the last 5 years (Menomune, Menactra, Menveo)			
2. Measles, Mumps, Rubella (MMR)			
3. Tetanus			
4. Tuberculosis Screening			
TB Skin Test by PPD	Date Placed	Date Read	MM Neg Pos
Chest X-Ray (if positive PPD or lab)	Date	Result	Submit copy of chest X-ray report

Section B: Recommended Immunizations				
Please attach documentation of all childhood vaccinations (copy of Blue Card)				
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
TD (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
AND/OR Tdap (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
Polio		Do not write here	Do not write here	
Hepatitis B				
Varicella (Chickenpox)			Do not write here	

I certify that the above dates and vaccinations are true.

Signature of License Health Care Professional or Authorized Individual _____ Date _____