



UNIVERSITY OF  
**SOUTH CAROLINA**  
SUMMER

**This Form MUST be returned to: The Office of Records and Registration,  
University of South Carolina Sumter Campus  
200 Miller Road, Sumter SC 29150  
Telephone: (803) 938-3787 - Fax: (803) 938-3819**

**TO BE COMPLETED BY THE STUDENT**

Name \_\_\_\_\_  
Last Name First Name Middle

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(Student ID#)

Address \_\_\_\_\_  
Street/P.O. Box

Date of Birth											
Month				Day				Year			

City State Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

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Age at the time you will enter the University

First Term of Enrollment (circle term and insert year): Fall/Spring/Summer \_\_\_\_\_

Student Signature \_\_\_\_\_

**Section A – REQUIRED IMMUNIZATIONS**

**Must Be Completed And Signed By Your Health Care Provider.**

- M.M.R. (Measles, Mumps, Rubella)** (two doses required for students born in 1957 or later)
  - a. Dose 1 given at age 12-15 months or later ..... #1    /    /     
M D Y
  - Dose 2 given at age 4-6 years or later, and at least one month after the first dose ..... #2    /    /     
M D Y
  - OR**
  - b. Laboratory/serologic evidence of immunity (attach copy of titer and date)
  - OR**
  - c. Exemption: I was born before 1957, and therefore am exempt from this requirement
- Meningitis Vaccine** – Proof of receipt of the Meningococcal Vaccine or a signed waiver declining the vaccine is required of all first Year students (incoming freshman, under the age of 25) at the University of South Carolina beginning fall semester 2007. A parent signature is required for students under the age of 18 if declining vaccine. If it has been between 2-5 years since you have been vaccinated with the Menomune, you should receive the Menactra vaccine. If it has been more than 5 years since you have been vaccinated with Menomune, then you are **required** to receive a Menactra vaccine or sign a waiver declining the vaccine.
  - OR**
  - Menactra Date of administration    /    /
  - Menomune Date of administration    /    /

Declined (signature required) \_\_\_\_\_ Date \_\_\_\_\_

<<<ADDITIONAL IMMUNIZATION REQUIREMENT FOR INTERNATIONAL STUDENTS>>>

**TUBERCULOSIS SCREENING**

Are you a member of a high-risk group<sup>1</sup> or are you entering the health professions? YES \_\_\_\_\_ NO \_\_\_\_\_  
If NO, You are not required to have a TB screening. If YES, you are required to have a TB screening. A history of BCG vaccination should not preclude testing of a member of a high-risk group. BCG is not acceptable to meet requirement.

- Tuberculin Skin Test:**  
Date Given:    /    /    Date Read:    /    /     
M D Y M D Y  
Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write “0”)  
Interpretation (based on mm if induration as well as risk factors): positive \_\_\_\_\_ negative \_\_\_\_\_
- Chest x-ray** (required if tuberculin skin test is positive) result: normal \_\_\_\_\_ abnormal \_\_\_\_\_  
Date of chest x-ray:    /    /     
M D Y

<sup>1</sup>Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USC, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

