To protect your health, and to be in compliance with the Michigan Department of Public Health and the Advisory Council on Immunization Practices, Andrews University REQUIRES proof of vaccination or immunity to measles, mumps and rubella, as well as evaluation for tuberculosis PRIOR to registration. For questions email studenthealth@andrews.edu.

**M.M.R.**

Two doses required  
(estimated cost $115 if done on-campus)

**DOSE 1:** Given at age 12 months or later M/D/Y / / 
**DOSE 2:** Given at age 4–6 or later M/D/Y / / 
—OR—  
MMR Titer (attach copy) M/D/Y / / 

RESULTS  □ Immune □ Non-immune

**Tuberculosis (TB) Screening**

Required within 6 months prior to registration  
(estimated cost $20 if done on-campus)

TB Skin Test M/D/Y / / 

RESULTS □ Negative □ Positive

MM of in duration  
□ Unknown

BCG Given □ Yes □ No □ Unknown

**Chest X-Ray**

Required within one year only if TB skin test is positive

Chest X-ray Date M/D/Y / / 

Chest X-ray results □ Positive, evidence of active TB

□ Negative □ Negative, evidence of inactive TB
The following vaccinations are recommended. You should discuss these with your physician or other health care provider. Individual vaccination may be required as a prerequisite to clinical rotations (HEPATITIS B), or encouraged, if injured (TETANUS). This list does not include immunization that may be recommended only as a part of study or travel abroad.

### Tetanus-Diphtheria

Primary series with DTaP or DTP and booster at 4–6 year and every 10 years thereafter

<table>
<thead>
<tr>
<th>DOSE 1: M/D/Y</th>
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<th>DOSE 2: M/D/Y</th>
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</thead>
<tbody>
<tr>
<td>DOSE 3: M/D/Y</td>
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<td>DOSE 4: M/D/Y</td>
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<tr>
<td>Tdap Booster (within 10 years)</td>
<td>M/D/Y</td>
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</tbody>
</table>

- Immunization likely, no records
- Not immunized

### Polio

Primary series of 3 (oral) or 4 (injectable) doses plus a booster during childhood

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<tr>
<th>DOSE 1: M/D/Y</th>
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<th>DOSE 2: M/D/Y</th>
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</thead>
<tbody>
<tr>
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<td>DOSE 4: M/D/Y</td>
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<tr>
<td>Booster (within 10 years)</td>
<td>M/D/Y</td>
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</table>

- Immunization likely, no records
- Not immunized

### Hepatitis B

Three doses of vaccine or a positive Hepatitis B Surface Antibody (HBSAb)

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<tr>
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<th>DOSE 2: M/D/Y</th>
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<tr>
<td>Hepatitis B Surface Antibody (attach copy)</td>
<td>M/D/Y</td>
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</tbody>
</table>

- Immunization likely, no records
- Not immunized

### Varicella

History of chickenpox, or a positive varicella antibody titer, or two doses of vaccine at least one month apart (if immunized after age 13) indicates immunity

- History of disease
  - Yes
  - No
- Vaccination
  - M/D/Y |   |
- *Booster
  - M/D/Y |   |
  - *At least one month after 1st does if given after age 13
- Varicella Antibody
  - M/D/Y |   |

- Immunization likely, no records
- Not immunized

### Meningococcus

Recommended for freshman students, age 25 and below, living in a residence hall and for individuals with immunodeficiency or who have had a splenectomy

- Vaccination
  - M/D/Y |   |

- Immunization likely, no records
- Not immunized

### Influenza

Annual immunization, in the late fall, recommended to avoid disruption to academic responsibilities and strongly recommended for those with diabetes, asthma, heart disease, and certain other chronic diseases.

- Vaccination
  - M/D/Y |   |

- Immunization likely, no records
- Not immunized

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### Health Care Provider Contact Information

Last/Family Name ___________________________ First name ___________________________

Street Address ___________________________

City ___________________________ State ___________ Zip Code ___________ Country ___________

Phone ___________________________ Fax Number ___________________________

Signature ___________________________ Date ___________________________