

/DDhE/• d/KE ,/^dKZz

|   |     |                      |                                      |                     |
|---|-----|----------------------|--------------------------------------|---------------------|
|   |     |                      | University Identification Number     |                     |
| Home Address  |     |                      | Preferred Phone( )                   | Alternate Phone ( ) |
| City/State/Country/Zip or Postal Code   |     |                      | E-mail Address                       |                     |
| Date of Birth (mm/dd/yyyy)  | Age | Gender M % F % Other | Citizenship % U.S. % Other (specify) |                     |
| Person to Notify in an Emergency Name:  |     | Relationship         | Contact Phone( )                     |                     |
| I hereby declare that all statements contained in this record are true and accurate and understand that false or inaccurate information is unlawful and a violation of the student code of conduct. |     |                      | Alternate Phone( )                   |                     |
| Signature:  |     | Date: / /            |                                      |                     |

+++ This section must be completed by a Licensed Health Care Provider. +++

| REQUIRED IMMUNIZATIONS (dates required include month/day/year)   |  |
|--|--|
| <p>MEASLES MUMPS RUBELLA 2 doses - Measles, 2 doses Rubella, and 2 doses Mumps; (MMR: Exempt if born before 1957)</p> <p>MMR (strongly recommended) 1</p> <p>2 doses second dose at least 28 days apart AND after 12 months of age AND both given after 12/31/1967</p> <p>mm/dd/yy _____</p> | <p>MEASLES (Rubeola Hard, Red, or Seven Day)</p> |

TUBERCULOSIS SCREENING

1. Does the student have signs of active tuberculosis disease?

Yes