



STUDENT HEALTH SERVICES

Division of Student Life

903-233-4445

REQUIRED IMMUNIZATIONS FORM

THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION

Return to: LeTourneau University, Student Health Services
PO Box 7001
Longview, TX 75607-7001

Upload to: https://my.letu.edu/ICS/Student_Life/

Email: jerriereynolds@letu.edu

Secure Fax: 903-233-4403

NAME _____ BIRTHDATE _____ STUDENT ID# _____
Last First MI MM/DD/YYYY

ADDRESS _____

MENINGITIS

Required within the last 5 years and 10 days prior to arrival (exempt if 22 years or older by first day of class)

_____/_____/_____
MM DD YYYY

TUBERCULOSIS SCREENING

All LETU students are required to complete the LETU Tuberculosis Screening prior to registration each semester. Testing may be required based on the results of your screening.

Signature: _____ Date: _____

Must be signed by the physician or nurse completing this form

****International Students****

****Please use the Immunizations form for International Students from www.letu.edu/health****

LeTourneau University | Student Health Services
Allen Family Student Center, Rm 271 | PO Box 7001 | Longview, TX 75607