

REQUIRED IMMUNIZATION FORM

THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION

Return to:

Office of International Studies
LeTourneau University
PO Box 7001
Longview, TX 75607-7001
Email: RebeccaHaesecke@letu.edu
FAX # 903-233-4403

NAME _____ BIRTHDATE _____ STUDENT ID# _____
Last First MI Month Day Year

ADDRESS _____
Street City State Zip Code

PHONE _____ **NOTE: Two (2) MMR's are required**

Two (2) Measles, Mumps, and Rubella (MMR) immunizations are required for college admission. **Vaccination information is to be completed and signed by a health care provider and/or attach a copy of your vaccination record to this form.**

Date of first Measles, Mumps, Rubella Immunization

Date of second Measles, Mumps, Rubella Immunization

MMR1 ____/____/____
Month Day Year

MMR2 ____/____/____
Month Day Year

If you have had the following immunizations, please indicate the dates for each:

MENINGITIS (Meningococcal Vaccine)

*Required within the last 5 years for ALL students in the classroom.

Date: _____

POLIO SERIES

*Recommended.

Date: _____

TETANUS/ DIPHTHERIA (DTaP or Td)

*Required every 10 years.

Date: _____

TUBERCULIN SKIN TEST

* Within one year prior to enrollment.

Date: _____

Results: _____

Signature x _____

Date: _____

(Must be signed by the physician or nurse completing this form)