## SALISBURY UNIVERSITY STUDENT HEALTH SERVICES PRE-ENTRANCE IMMUNIZATION RECORD FORM

This form, completed and SIGNED by a health care provider, OR an official copy of your immunizations must be uploaded into the secure Student Health web portal: myhealth.salisbury.edu

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801 • Fax: 410-548-4101 • Email: studenthealth@salisbury.edu

STUDENT NAME:		_ Da Æ B, ( 🥍	<b>\</b> / ):	SU ID #:	
REQUIRED FOR ALL STUDENTS:					
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Tetanus-Diphtheria-Pertussis (Tdap) S, & & & & & & & & & & & & & & & & & & &	//				
TUBERCULOSIS SCREENING:					
REQUIRED FOR STUDENTS LIVING IN CAMPUS HOUSING (recommended for any student ≤ 23 yrs. of age):					
EXEMPTION FROM REQUIRED IMMUNIZATIONS:					