

**LOYOLA MARYMOUNT UNIVERSITY**  
**STUDENT HEALTH SERVICES**  
**STUDENT HEALTH IMMUNIZATION FORM**

**INSTRUCTIONS TO COMPLETE FORM**

1. Documentation may be obtained from your childhood immunization record, previous school attended or doctor's office.
2. A copy of the Immunization record along with this form must be sent to the Student Health Center at least three weeks prior to the beginning of the semester.
3. All information must be complete.
4. Information must be in English.
5. Mail completed form to the **address on reverse side.**

**To be completed by applicant. Please type or print legibly.**

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Last) (First)

Email Address: \_\_\_\_\_ Country of Birth \_\_\_\_\_

LMU Student I.D. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Measles, mumps, rubella (MMR). A copy of the immunization record must be sent with this form.** Two doses at least one month apart are required if you were born *after* 1956. Doses must be given after the first birthday.

**1st MMR:** \_\_\_\_\_ **2nd MMR:** \_\_\_\_\_  
mo./day/yr. mo./day/yr.

**TUBERCULOSIS SKIN TEST (Mantoux only) is REQUIRED OF ALL STUDENTS. The test must be given within 1 year prior to the first day of classes.**

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_  
mo./day/yr. mo./day/yr.

**\*A chest x-ray is required if the TB skin test is read positive. The x-ray must be done within 1 year of the first day of school. A copy of the x-ray report must be sent with this form.**

Date of x-ray \_\_\_\_\_ Reading: \_\_\_\_\_

INH given from \_\_\_\_\_ to \_\_\_\_\_

**CONSENT FOR TREATMENT:**

I understand that I may seek care at the LMU Student Health Center. In requesting such care, I give permission to render such diagnostic and/or therapeutic measures as may be necessary, whether at LMU Student Health Center or by an off-campus medical provider.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parental signature if student is under 18)

\_\_\_\_\_  
(Date)

**(Please complete reverse side)**

# LOYOLA MARYMOUNT UNIVERSITY



## STUDENT HEALTH IMMUNIZATION FORM

### **Everything you need to know to fulfill immunization requirements**

Students are responsible for the completion of the Student Health Immunization Form and the submission of all necessary documentation at least three weeks prior to the beginning of the semester. Students who fail to do so may have a hold placed on their registration, which may result in registration delays. **If you are unable to obtain documentation, re-immunization is required.**

#### **Required Immunizations:**

- ✓ **(2) MMR's (measles, mumps, rubella)** Two doses at least one month apart are required if you were born *after* 1956. Doses must be given after the first birthday.
- ✓ **Current TB TEST (Mantoux only-Tine not excepted)** The test must be given within 1 year prior to the first day of classes.

#### **Recommended Immunizations:**

- Meningitis
- Tetanus/Diphtheria (within 10 years)
- Hepatitis B series (3 total)
- Hepatitis A series (2 total) for foreign travel or ocean sports
- Chickenpox (Varicella) vaccine  
(Students with no reliable clinical history of Varicella infection.)

#### **Mail this form with all required documentation to:**

Student Health Services ❖ One LMU Drive-MS 8455 ❖ Los Angeles, California  
90045-2659  
Office (310) 338-2881 ❖ [www.lmu.edu/health](http://www.lmu.edu/health)

**PLEASE DO NOT FAX ❖ SEE REVERSE**