

Student Immunization Record

Welcome to Bob Jones University! We are glad you have chosen us to meet your Christian higher education goals.

Please complete the Student Immunization Record and upload completed forms to your application status page. You can also email your forms to studenthealth@bju.edu or fax to 864-242-2543.

Other Acceptable Records of Your Immunizations (Student's full name must be on all documents.)

- Personal shot records that are verified by a doctor's stamp or health provider's signature.
- Personal shot records with a clinic or health department stamp.
- Military records.
- Previous college or university records that are verified a copy must be requested and transferred to BJU.
- Positive laboratory test as confirmation of immunity.
- State immunization records Contact the IIS (Immunization Information Systems) in your state or in the state where you or your child received the shots to see if they have your records.

According to university policy, the immunization requirements must be met and a copy will be kept on file in the Student Health Office.

If you are unable to obtain all required immunizations before your arrival on campus, there are local Urgent Care providers near the University where they may be obtained.

Instructions for Completing Immunization Record Form

Sections A. B and C

Required immunizations. Have your clinician fill in your immunization record and update any needed immunizations that are required in sections A, B and C.

Section C

The State of South Carolina requires higher education institutions to inform students and parents of the risk of contracting these diseases and the availability of preventative vaccines. Bob Jones University encourages all students, parents and guardians to learn more about these serious communicable diseases and to make informed decisions regarding protection.

Section D

A medical exemption is allowed on the grounds of permanent contraindications/adverse reaction.

Special Forms

• Religious/Philosophical Exemption Form available upon request from studenthealth@bju.edu

BJU Student Immunization Record



Name						
Date of birth						
TO BE COMPLETED	AND SIGNED BY YOUR HI	EALTH CARE PRO	VIDER or P	ROVIDE AN A	ACCEPTABLE COPY OF	YOUR RECORD
All information must b	oe in English.		Г			
A. MMR (MEASLES, MUMPS, RUBELLA) 1. Dose 1 given at age 12 months or later. #1/				Tips on getting copies of Immunization Records: 1. Contact your family physician or pediatrician. 2. Contact the clinic or hospital where shots were given. 3. Call your elementary, middle or high school, previous		
B. Tdap - (TETANUS, DIPHTHERIA, PERTUSSIS) Required in last 10 years					is/contacts-locate-	
□Adacel □ Boost	rix		L	1000140111		
Date / /	Y					
diseases and the available information provided Hepatitis B Vaccination	rolina requires higher educa ability of preventive vaccine at the following websites: Man: www.cdc.gov/vaccines/vpd ohysician or local health dep	s. Prior to declinin Meningococcal Vacc /hepb/index.html;	g the Hepati ination: wwv	tis B or the Me v.cdc.gov/vacci	eningococcal Vaccine, pl	ease read the
Hepatitis B Vaccine (se	eries of three vaccinations or	a positive titer — at	tach a copy o	of results). May	be combined with Hepat	itis A.
Hep B (Date given)	te given) (Date given)			(Date given)		
☐ I have read the info	rmation at CDC.gov/vaccines	s and decline to rece	eive the Hepa	atitis B vaccine.		
Applicant's signature o	r parent or legal guardian's si	gnature if applicant	is under 18			
Meningococcal Vaccine	2					
Meningococcal ACWY	(Date given)	(Age)	(Dat	te given)	(Age)_	
OR Meningococcal B (Date given)	(Age)	Booster		(Date given)	
☐ I have read the infor	mation at CDC.gov/vaccines	and decline to rece	ive the Meni	ngitis vaccine.		
Applicant's signature o	r parent or legal guardian's si	gnature if applicant	is under 18			-
D. EXEMPTION This	student is exempt from the fe	ollowing immuniza	tions on the	grounds of peri	manent contraindication/	adverse reaction.
Attach documentation						
HEALTH CARE PR	OVIDER SIGNATURE O	r stamp requ	JIRED			
Name	Signature/Sta	mp	Address	s		Phone

After completing this form, please upload to your Application Status Page or send to studenthealth@bju.edu/Fax: (864) 242-2543.