

AUGUSTANA UNIVERSITY

CAMPUS CLINIC

IMMUNIZATION RECORD

Augustana University **requires** all students to complete the Immunization Record as a condition of enrollment.
Upload this form with physician signature or the medical documentation of the vaccines to your Slate status page or email to admission@augie.edu.

Student ID#: _____ Name: _____ Birthdate: _____
(Last) (First) (Middle)

Home Address _____ City or Town _____ State _____ Zip _____ Country _____ Mobile Phone # _____

The South Dakota State Health Department requires ALL students whatever their classification or status, to have medically signed proof of TWO properly administered immunizations OR immune titers for Measles (Rubeola), Rubella and Mumps (MMR). These are required for all new, readmitted and transferred students of all public or private postsecondary educational institutions.

UNIVERSITY REQUIRED IMMUNIZATIONS (OR EXEMPTION FORM)

MMR (Two doses required)
(Measles, Mumps, Rubella)

_____/_____/_____ (1 mo) _____/_____/_____
MO DAY YR MO DAY YR

Copies of vaccination records accepted instead of the physician's signature if accompanied by this form

Name of Clinic or Physician Physician or Authorized Signature Date

Clinic Address City State Zip

UNIVERSITY RECOMMENDED IMMUNIZATIONS

COVID One or Two doses

_____/_____/_____ _____/_____/_____ Type: _____
MO DAY YR MO DAY YR Pfizer or Moderna or Johnson & Johnson

Hepatitis B - Three doses

_____/_____/_____ (1mo) _____/_____/_____ (5mo) _____/_____/_____
MO DAY YR MO DAY YR MO DAY YR

Hepatitis A -Two doses

_____/_____/_____ _____/_____/_____
MO DAY YR MO DAY YR

Polio - Last date

_____/_____/_____
MO DAY YR

Tetanus-Diphtheria -Every 10 years

_____/_____/_____
MO DAY YR

PPD (Tuberculin)

_____/_____/_____
MO DAY YR

Meningococcal (*Meningitis*) - Two doses
with the last one after the age of 16

_____/_____/_____ _____/_____/_____
MO DAY YR MO DAY YR

Meningococcal B (*Meningitis B*) - Two
doses after the age of 16

_____/_____/_____ _____/_____/_____
MO DAY YR MO DAY YR



Home Address	City or Town	State	Zip	Country	Mobile Phone #
--------------	--------------	-------	-----	---------	----------------

Updated: 5/3/2021