

ATHLETIC TRAINING PROGRAM

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	Student Name: _____	DOB: _____	
PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION – To be completed by the Health Care Provider:	Measles, Mumps, Rubella Two doses or positive IgG titers for Measles/Mumps/Rubella		
	1 st Immunization: _____ 2 nd Immunization: _____ OR IgG Titer (date): _____ IgG Titer (results): _____		
	Hepatitis B* Three doses of vaccine administered over a period of four to six months; initial vaccine followed by one and four to six months vaccines, respectively	Varicella (chickenpox) Two doses of varicella vaccine or proof of disease documented with IgG titer for varicella	Tdap One dose of Tetanus/Diphtheria/Pertussis MUST HAVE HAD TDAP AS AN ADULT (after age 18)
	1 st Immunization: _____ and 2 nd Immunization: _____ and 3 rd Immunization: _____ or Titer* (Date): _____ Titer Results* (Result): _____	1 st Immunization: _____ and 2 nd Immunization: _____ OR IgG Titer (date): _____ IgG Titer (results): _____	TDAP Date: _____
	Meningitis Vaccine Date Administered: _____ This vaccination is required every five years of all college students as of January 1, 2012 (Senate Bill 1107).	Two-Step Tuberculosis (test within 12 months OR chest x-ray) – (Required annually each 12 months) (Skin Test #1) Date given: _____ Date Read: _____ Result: _____ Skin Test #2) Date given: _____ Date Read: _____ Result: _____ (If positive result, results of a current x-ray will be required for the student's file.) Date of chest x-ray: _____ Result of Chest x-ray: _____	
	Influenza - Required annually for current/upcoming season. (Required annually each flu season) Date Administered: _____	* Hepatitis B vaccine series requires a minimum of 4 months to complete with intervals of 1 month between dose 1 and 2; 4 months between dose 1 and 3.	
	Physician or Approved Licensed Health Professional Information (MD, DO, NP, PA must sign off on the review of all immunizations above)		
	Printed Name: _____		-Two Mantoux tuberculin skin tests (TST) are required to get a baseline. If the first TST is negative, a second TST is needed 1 to 3 weeks after the first TST result is read. If the TST is positive, a chest x-ray radiology report to specifically rule out the active disease, along with the TST reported in millimeters “mm” must be submitted. TST is required annually every 12 months and must remain current each semester.
	Address: _____		
	Signature of Primary Care Provider: _____	Date: _____	