

# REQUIRED IMMUNIZATION FORM

**THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION**

**Return to:**

Office of International Studies  
LeTourneau University  
PO Box 7001  
Longview, TX 75607-7001  
Email: [RebeccaHaesecke@letu.edu](mailto:RebeccaHaesecke@letu.edu)  
FAX # 903-233-4403

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
Last First MI Month Day Year

ADDRESS \_\_\_\_\_  
Street City State Zip Code

PHONE \_\_\_\_\_ **NOTE: Two (2) MMR's are required**

Two (2) Measles, Mumps, and Rubella (MMR) immunizations are required for college admission.  
**Vaccination information is to be completed and signed by a health care provider and/or attach a copy of your vaccination record to this form.**

**Date of first Measles, Mumps, Rubella Immunization**

**Date of second Measles, Mumps, Rubella Immunization**

MMR1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

MMR2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**If you have had the following immunizations, please indicate the dates for each:**

**MENINGITIS** (Meningococcal Vaccine)

\*Required within the last 5 years for ALL students in the classroom.

Date: \_\_\_\_\_

**POLIO SERIES**

\*Recommended.

Date: \_\_\_\_\_

**TETANUS/ DIPHTHERIA** (DTaP or Td)

\*Required every 10 years.

Date: \_\_\_\_\_

**TUBERCULIN SKIN TEST**

\* Within one year prior to enrollment.

Date: \_\_\_\_\_

Results: \_\_\_\_\_

Signature x \_\_\_\_\_

Date: \_\_\_\_\_

**(Must be signed by the physician or nurse completing this form)**