

Immunization Record for International Students

STUDENT ID #: _____

For Office Use Only

Student ID: _____ OR Tech ID: _____

Name: _____

Virginia Law (135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Virginia Department of Health and the local health agency.

International students please complete and send this form to Presidio University F-1 International Student Advisor by mail or scan and send by e-mail to international Office.

Enter the dates of each vaccination below. Your booster for diphtheria and tetanus must be within the last 10 years. Your last dose for measles, mumps and rubella must have been after 12 months of age.

Enter month, day and year of the most recent **Tetanus/Diphtheria TD** (at least one dose required within past 10 years).
Measles/Mumps/Rubella MMR (at least one dose required at or after 12 months of age)

	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles/Mumps/Rubella MMR				
Tetanus/Diphtheria TD				

I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

Student's Signature: _____

Date: _____

OTHER EXEMPTION(S)

Medical Exemption: Students who proclaim a medical exemption to any of the required immunizations must complete because he/she: (Check all that apply and fill in the appropriate blanks.)

- has a medical problem that precludes the _____ vaccine
- has not been immunized because of a history of _____ disease
- has laboratory evidence of immunity against _____ disease

Physician's Signature: _____

Date: _____

Conscientious Exemption: I hereby certify by notarization that immunization against _____
_____ disease is contrary to my conscientiously held beliefs.

Student's Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature: _____