**This must be taken to Salisbury University Health Services ONLY for signatures!**

(You may have all vaccinations/ physicals/ etc. done at your primary care physician, but you MUST schedule an appointment to have all documentation reviewed/uploaded/ and signed off on by SU Health Services. There is a $5 fee for this service)

|  |  |
| --- | --- |
| **Date:** |  |
| **Name of Health Profession** |  |
| **Students Name** |  |
| **Student I.D** |  |

|  |  |
| --- | --- |
| **Requirements** | **SU Health Care Provider will Initial all completed items** |
| **MMR#1 MMR #2** |  |
| **Tdap** |  |
| **PPD (within the last 12 months)** | **(date)** |
| **Hep B** |  |
| **Current Flu Shot** |  |
| **Cleared Physical Exam (last 12 months)** | **(date)** |

**Salisbury University Health Care Provider signature**