

PAST MEDICAL HISTORY

IMMUNIZATION HISTORY

STUDENT'S NAME: _____

IF YOUR BIRTH DATE IS BEFORE JANUARY 1, 1957, PLEASE CONTACT HEALTH SERVICES AT 309-677-2700.

SECTION 1: TUBERCULOSIS (TB) SCREENING

REQUIRED BY BRADLEY UNIVERSITY

SECTION 2: REQUIRED VACCINATIONS

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS VERIFIED BY A PHYSICIAN

1) DIPHTHERIA, TETANUS, AND PERTUSSIS

2) MEASLES, MUMPS, AND RUBELLA