





(Rev. 6-7-06)

A record of immunization is required of all students registering for classes at Salish Kootenai College. Your registration will be delayed if this health record is not received by the registrar prior to your arrival on campus. Please submit the following information and include the signature of a health official. All information is confidential.

e	Da	te of Birth		
al Security Number	S	Sex: M	_ F	_ Age
REQUIRED IM	IMUNIZATI	ONS		
The SKC Board of Directors and Administrat requiring students to provide proof of immun		he Montana	Immuniza	tion Law
 Students born before January 1, 195 	57 must provi	de documer	ntation of a	T.B skin
test within the last five years. Students born after December 31, 1	956 must pro	vide docum	entation fo	r:
				•
I. Two (2) doses of the MMR vacII. In addition: Proof of a TB skin	test in the las			
III. Signature of a health care pro- immunization record.	vider with title	or attach a	copy of an	official
MMR: Month Day Ye				
1st Dose//				
1st Dose/ /				
	<u> </u>			
2nd Dose / /	Year	Resul	ts:	
2nd Dose / / TB SKIN TEST: Month Day	Year			
2nd Dose// TB SKIN TEST: Month Day Test Date/ Follow-up/Chest X-Ray	Year /			
2nd Dose/	Year / MENDED)		
2nd Dose// TB SKIN TEST: Month Day Test Date/ Follow-up/Chest X-Ray	Year / MENDED Date of)		
2nd Dose/ TB SKIN TEST: Month Day Test Date/ Follow-up/Chest X-Ray RECOM DIPTHERIA-TETANUS (DT OR Td):	Year / MENDED Date of)	ine:/_	
TB SKIN TEST: Month Day Test Date/ Follow-up/Chest X-Ray RECOM DIPTHERIA-TETANUS (DT OR Td): (A booster in adults is needed every 10 years	Year / MENDED Date of	f last vacc	ine:/_	/