



**Section B - Recommended Immunizations**

**Gardasil - Highly recommended for all females between the ages 11 and 26. (Three doses of the cervical cancer vaccine)**

DATE: #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y

**Hepatitis B - Highly recommended for all students. (Three doses of vaccine or a positive Hepatitis B surface antibody)**

DATE: #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_, OR  
M D Y M D Y M D Y

3 dose combined hepatitis A and hepatitis B series  
DATE #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_, OR

Laboratory/serologic evidence of immunity or prior infection (attach copy of titer & date).

**Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least One month apart if immunized after age 13 years).**

History of Disease verified by undersigned clinician..... Disease Date: \_\_\_/\_\_\_/\_\_\_, OR  
M D Y

1 dose given at 12 months of age or later but before the student's 13th birthday.....Date of shot: \_\_\_/\_\_\_/\_\_\_, OR  
M D Y

2 doses: Dose 1 given after the student's 13th birthday. 2nd dose at least one month after first dose,  
Date #1: \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y

**Tetanus-Diphtheria-Pertussis (Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years).**

1. Primary series of four doses with DTaP, DTP, DT, or Td:  
DATE: #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y M D Y

2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization with at least five years since last dose of Td. .... \_\_\_/\_\_\_/\_\_\_  
M D Y

3. Booster: Td within the last ten years ..... \_\_\_/\_\_\_/\_\_\_  
M D Y

**Health Care Provider (Signature or stamp required)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**Section C - EXEMPTIONS**

I, \_\_\_\_\_ affirm by my signature below that immunization as required by the university of South Carolina conflicts with my religious beliefs. I understand that I am subject to exclusion from the University in the event of an outbreak of a disease for which immunization is required.

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

**OR**

I, \_\_\_\_\_ declare by my signature below that I will ONLY be enrolling in courses offered by distance learning, and therefore I will not be attending ANY classes on the USC campuses. I understand that registering for a course offered on-campus at a university owned or controlled facility voids this exemption and I will be excluded from class until I provide proof of immunizations. This exemption must be requested for each new term of registration for off-campus courses.

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

**Sections A, B and C are to be signed, stamped and submitted to the Office of Records and Advisement.**