



PART 1: To be completed by the student		Student ID#	
Last Name:		First Name:	
Date of Birth (mm/dd/yyyy):		Term of Admission:	
PART 2: To be completed and signed by health care provider.		Date (mm/dd/yyyy)	Details / Titer* results and dates (Titers are mandatory)*
<b>Influenza</b>	Lot #	Date given:	Manufacturer: _____ Expiration date: _____
<b>Tuberculosis Screening (PPD)</b> <i>(Mandatory)</i>	Most recent PPD Date:		Quantiferon Gold Result _____ Date:
	Result:		
	If positive (MM induration and date of + )		CXR Result _____ Date:
<b>Measles / Mumps / Rubella (MMR)</b> <i>(Mandatory)</i>	MMR # 1		Measles Titer _____ Date:
	MMR #2		Mumps Titer _____ Date:
	Any additional/booster MMR?		Rubella Titer _____ Date:
<b>Tetanus and Diphtheria (DT or DPT)</b> <i>Tetanus toxoid (TT) is not acceptable (Mandatory)</i>	<b>a. Primary series complete? (At least three dose dates are required)</b>		
	Series 1	Series 4	
	Series 2	Series 5	
	Series 3	Series 6	
	<b>b. Most recent booster? Date: (Must be within the last 10 years)</b>		
	<b>c. Exemption?</b>		
<i>Attach physician's statement of medical contraindication with duration of medical condition or attach your personal statement of philosophical/religious objection to immunization.</i>			
<b>Varicella (Chicken Pox)</b> <i>(Mandatory)</i>	Did you have disease? Fill in "x" [ ] YES [ ] NO		
	Varicella #1		Varicella Titer Results _____ Date _____
	Varicella #2		
	Any additional/booster Varicella?		
<b>Hepatitis B</b> <i>(Mandatory)</i>	Hepatitis B #1		
	Hepatitis B #2		Hepatitis B Titer Results _____ Date _____
	Hepatitis B #3		
	Any additional/booster Hep. B?		
<b>Covid-19</b> <i>(Mandatory)</i>	Single Dose? Fill in "x" [ ] YES [ ] NO		<i>Upload copy of Covid-19 vaccine card to application portal</i>
	Name: (Pfizer/Moderna/Johnson & Johnson/others)		
	Only/First Dose Date:	mm/dd/yyyy	Serial #
	Second Dose (if applicable) Date:	mm/dd/yyyy	Serial #
Health care provider verifying information for Part 2			
<b>Physician Details</b>	Name:		
	Signature:		Date (mm/dd/yyyy):
	Address:		Tax ID number:
Manipal Education Americas, LLC Representative for American University of Antigua		40 Wall St., 10th Floor New York, NY 10005 admissions@auamed.org	p: 1 (877) 666-9485 f: 1 (973) 498-7707 www.auamed.org
			FOR OFFICE USE ONLY Date Received: Completed: