BELCROFT UNIVERSITY
Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759
admissions@belcroftuniversity.com
+1 (813) 772-3772

Immunization Record Form

To promote a safe and healthy campus environment, all students enrolling in academic programs must provide documentation of immunizations and other health-related requirements. This form verifies compliance with university immunization policies and state regulations. Students must complete all applicable sections and submit supporting vaccination records. Failure to provide required documentation will result in registration holds or enrollment delays.

Immunization Guidelines

Students are required to complete all applicable sections of this form and provide copies of official immunization records or vaccination certificates. Immunization documentation must be verified by a licensed healthcare provider. Records completed outside the United States are generally acceptable if they are provided in English or accompanied by an official English translation. International students may be required to satisfy additional tuberculosis (TB) screening requirements in accordance with university policy. Students requesting a medical or other approved exemption must submit the appropriate supporting documentation. The completed form and all required records should be submitted by the applicable enrollment deadline. Students are encouraged to retain copies of all submitted documents for their personal records.

Student Information

Student Name (First - Middle - Last)	
Student ID	
Date of Birth (MM/DD/YYYY)	/ /
Phone Number	
Email Address	
Current Address	

Required Immunization

Vaccine	Dose1 & Date	Dose2 & Date	Dose3 & Date	Booster Date
MMR (Measles, Mumps, Rubella)	/ /	/ /	N/A	N/A
Hepatitis B	/ /	/ /	/ /	N/A
Varicella (Chickenpox)	/ /	/ /	N/A	N/A
Tdap/Td (Tetanus, Diphtheria, Pertussis)	/ /	N/A	N/A	/ /
Meningococcal	/ /	N/A	N/A	/ /
COVID-19	/ /	/ /	/ /	/ /
Tuberculosis (TB) Screening (if applicable)				
Have you ever had a positive TB test?	☐ Yes ☐ No			
TB Test Type	☐ PPD Skin Test ☐ QuantiFERON Blood Test ☐ T-Spot Blood Test			

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Test Date: _____/_____/_____	Result: ☐ Negative ☐ Positive
Chest X-Ray Required?	☐ Yes ☐ No Chest X-Ray Date: _____/_____/_____

Healthcare Provider Certification

Provider Name & Title	
Clinic/Hospital Name	
Address	
Phone Number	
Email Address	

☐ I certify that the immunization and health information provided on this form is accurate and complete based on the student's medical records and/or vaccination documentation.

Signature of the Healthcare Provider _____ **Date:** _____/____/_____

Student Certification

☐ I certify that the information provided on this form and any accompanying documentation is true, complete, and accurate to the best of my knowledge. I understand that submission of false or incomplete information may result in delays in enrollment, registration holds, or other administrative actions in accordance with university policies.

Signature of the Student _____ **Date:** _____/____/_____

Note:

- Submission of this form does not guarantee enrollment or registration eligibility.
- Students are responsible for providing complete and accurate immunization documentation.
- Additional medical records, laboratory reports, or vaccination documentation may be requested if needed for verification purposes.
- Incomplete forms or missing documentation may result in registration holds or delays in enrollment.
- International students may be required to satisfy additional tuberculosis (TB) screening requirements in accordance with university policy.
- The University reserves the right to review and verify all immunization records submitted in support of this form.