

PRAIRIE VIEW A&M UNIVERSITY

Owens-Franklin Health Center

P.O. Box 2598

Prairie View, Texas 77446

Immunization and Health History records are integral parts of a student's Health Care. Documentation of the Immunizations listed below is required for matriculation to PVAMU.

Your medical signed Health History and immunization documents become a part of your medical record. It is confidential and can only be released upon your written authorization (if 18 or older) or written authorization of your legal guardian if under 18years.

This information should be returned to the following address only:

Prairie View A&M University

Owens-Franklin Health Center

P.O. Box 2598

Prairie View, Texas 77446

Immunization Record

Name _____

Last

First

M.I

D.O.B

Type	Date	Medical Professional Signature
Bacterial Meningitis		
MMR		
Measles		
Mumps		
Rubella		
Hepatitis		
Polio		
Tetanus or TD		
Diphtheria or DT		

Type	Date	Results	Medical Professional Signature
TB Skin Test			
Chest X-Ray			

Health Insurance Plan:

Company Name: _____

Group No. _____

Subscriber No. _____

Employee: _____

If the Student will not reach his/her 18th year prior to matriculation to Prairie View A&M University, signature of the authorized legal guardian below gives consent to provide required medical treatment to the above reference student.

Legal Guardian Signature

Printed Name(Legal Guardian)

Date