

Study Abroad Student Vaccination History

Student Information

Full Name

Student ID / Number

Date of Birth

Passport Number

Contact Information

Email

Phone Number

Address

Vaccination Record

Vaccine	Date Administered	Dose Number	Healthcare Provider	Notes

Allergies & Reactions

List any known allergies or reactions to vaccines/medications

Doctor's Verification

Doctor's Name

Contact

Date

Doctor's Signature

* Please attach copies of official immunization records as required by your host institution.