This Admission form should be completed and returned to:

**Campus Nurse:**
Huston-Tillotson University
900 Chicon Street
Austin, TX 78702-2795

**Telephone:**
512.505.3039

**Toll Free:**
1.877.487.8702

**Fax:**
512.505.3190

**Other Important Numbers**

**Main Telephone Number:**
512.505.3000

**Enrollment Management:**
512.505.3028

**Financial Aid:**
512.505.3031

**Housing:**
512.505.3157

**Web site address:**
www.htu.edu

**Student Athlete:**
Sports physical packets are available on the HT website under sports medicine. Physical packets must be completed, returned to health services and athletic trainer.

**More Information:**
Health services information is available to view on our website under Student Services then Health Services.
Health Form

Comments and/or recommendations:

Discussed examination with parent(s)/guardian? □ Yes □ No

Date: ___________________________ Physician’s Signature: ___________________________

Athletes Only

If examination is for athletic participation, complete the following certificate:

I certify that on this date, I have examined the named student as indicated by the items checked and recommend him/her as being physically able to participate in supervised athletic activities as indicated below:

☐ Baseball ☐ Basketball ☐ Cross Country ☐ Football ☐ Golf
☐ Gymnastics ☐ Soccer ☐ Swimming ☐ Volleyball ☐ Wrestling
☐ Other ___________________________

Date: ___________________________ Signature of Examining Physician: ___________________________

Required Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Completed</th>
<th>Date of Last Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>D.T. (State law requires one dose within past 10 years)</td>
<td></td>
<td></td>
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<tr>
<td>TB skin test or check x-ray (within year)</td>
<td></td>
<td></td>
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<tr>
<td>Polio</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had the TB vaccine?</td>
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</tbody>
</table>

All students born on or after January 1, 1957, must provide documentation of immunization against measles, mumps, and rubella.

MMR Vaccine  Dose #1_________  Dose #2_________

Hepatitis B Vaccine  Dose #1_________  Dose #2_________  Dose #3_________

THIS FORM MUST BE COMPLETED AND SIGNED BY A MEDICAL PHYSICIAN

All admitted students are required to show proof of medical insurance, or they must purchase coverage from the University’s carrier before completing the registration process.

Need To Know:

Any student requiring the bacterial meningitis vaccine must have been administered the vaccine at least 10 days prior to moving into residence halls or registering for class whichever comes first.

October 2005