

## Immunization Requirements Consent

*I agree to comply with all immunization requirements of the University of Saskatchewan. I give consent for my immunization records and/or serology results to be shared with my college, clinical placements, and administrative staff, as appropriate.*

### Student Information

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 DOB (dd/mm/yr): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Health Card Number: \_\_\_\_\_ Province: \_\_\_\_\_ Exp: \_\_\_\_\_ M/F  
 Address, City, & Postal Code: \_\_\_\_\_  
 Next of Kin (name/phone #/relation): \_\_\_\_\_  
 U of S Student Number: \_\_\_\_\_  
 USASK NSID & Email: \_\_\_\_\_  
 Previous visit to Student Wellness Centre: \_\_\_\_\_ Yes \_\_\_\_\_ No

BSN/PDBSN Program	
<i>Please check off your location</i>	
Ile a La Crosse Site	
La Ronge Site	
Muenster Site	
North Battleford Site	
Prince Albert Campus	
Saskatoon Campus	
Saskatoon Campus <b>PDBSN</b>	
Swift Current Site	
Weyburn Site	
Yorkton Site	

Graduating Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Once completed, please send immunization consent form and records as one PDF document to: [student.wellness@usask.ca](mailto:student.wellness@usask.ca)**