UNIVERSITY OF SASKATCHEWAN

Student Wellness Centre
Place Riel Student Centre, 1 Campus Drive
Saskatoon SK S7N 5A3
Telephone: 306-966-5768
Fax: 306-966-5786
Email: student.wellness@usask.ca
Web: usask.ca/studentwellness

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

Saskatchewan Address & Postal Code: _____

Next of Kin (name/phone #/relation): _____

U of S Student Number: _____

USASK NSID & Email: _____

Previous visit to Student Wellness Centre: ____ Yes _____ No

Program	***Saskatoon Campus***	***Regina Campus***	***Prince Albert Campus***	***OTHER***
Dentistry				
Dental Assisting				
Dental Therapy				
Dental Hygiene				
Nutrition				
Pharmacy				
Masters of Public Health				
Physical Therapy				
Veterinary Medicine				
Medicine				
Occupational Therapy				
Speech-Language Pathology				
Physician Assistant				
Other				

Graduating Year: _____

Student Signature: _____ Date: _____