

Important!

Do Not Delay!

Immunization Form REQUIRED for you to proceed with Class Registration at UF

Obtaining proof of immunizations may be a time-consuming process, so start now!

1. UF will accept the official State of Florida Immunization form, issued by local health departments and physicians offices, in conjunction with completing this form.
2. The Advisory Committee on Immunization Practices (ACIP) has recommended that college freshman living in residence halls receive the newly licensed vaccine for meningococcal meningitis. The vaccine, Menactra, and any other needed immunizations, will be available at the Student Health Care Center when you visit the University of Florida for Preview/Orientation.


 Name: _____
 (PRINT) Last First Initial

 Date of Birth: _____ Social Security #: _____ - _____ - _____ UF study begins: _____ Semester Year
 Month Day Year

Phone: (____) _____ Student ID #: _____

Carefully read the instructions before you complete the form. Registration at UF will be blocked until this document is received and acceptable.
A. Immunizations Required for ALL Students born after 12/31/56.

(see instruction sheet for explanations)

1. MMR (Measles/Mumps/Rubella)

 Dose: 1 2
 Month Day Year Month Day Year

or 2. Measles (Rubeola)

 Dose: 1 2 **or** Titer/Date
 Month Day Year Month Day Year Month Day Year

Attach copy of lab report
and 3. Rubella (German Measles)
 or Titer/Date
 Month Day Year Month Day Year

Attach copy of lab report
New Requirements for ALL Students Entering UF
4. Menomune/Menactra (for meningococcal meningitis)

 Date: **or** Read information on Instruction sheet and sign waiver, below.
 Month Day Year

5. Hepatitis B
or Read information on Instruction sheet and sign waiver, below.

 Dose: 1 2 3
 Month Day Year Month Day Year Month Day Year

_____ I have read the information provided and I decline receipt of vaccine for meningococcal meningitis.

_____ I have read the information provided and I decline receipt of the vaccine to protect for Hepatitis B.

Signature of Student or Parent/Guardian (If student under 18)

Date: _____

B. Immunizations Required for International Students & Academic Health Programs (Inc. Medicine, Nursing, Dental, Pharmacy, & Health Related Professions)
6. Tuberculosis Skin Test (PPD by Mantoux within the past year)

 Date Placed Date Read Result (record in mm) Neg Pos If positive PPD, date of chest x-ray **Must send copy of chest x-ray report!**
 Month Day Year Month Day Year

C. Immunizations Required for many Academic Health Programs (Including Medicine, Nursing, Dental, Pharmacy, and Health Related Professions)
7. Varicella (Chicken Pox)

 History of Disease **or** Titer/Date **Attach copy of lab report** **or** Varivax Dose: 1 2
 Month Day Year Month Day Year Month Day Year Month Day Year

D. Recommended for good health (not mandatory)
8. Tetanus/Diphtheria (Booster within last 10 years)

 Date:
 Month Day Year

9. Mumps

 Date:
 Month Day Year

E. An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.

Name of Public Health Clinic or Physician (Office Stamp)

Physician or Authorized Signature

Date

F. Medical Consent if Under 18 Years Old

MEDICAL CONSENT (for students under 18): I HEREBY AUTHORIZE the Student Health Care Center and the University Counseling Center at the University of Florida to employ diagnostic procedures and to render any treatment or medical, surgical, psychological, or psychiatric care deemed necessary to the health and well being of my child. I grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider.

Signature of Parent or Guardian: _____ Date: _____

Send or fax form at least three (3) weeks prior to registration to:

 Immunizations, University of Florida, SHCC
 PO Box 117500, Gainesville FL 32611-7500

OR

 Fax (352) 392-0938
 Fax (352) 392-5129

PLEASE KEEP A COPY FOR YOUR RECORDS

Accurate and complete immunization information is required for registration at UF. Incomplete information may result in your registration being delayed or even blocked. Please follow these directions:

Name/phone, etc. Print all information legibly. Provide both Social Security and/or UF ID number.

Section A Measles and Rubella Immunizations. Required for **EVERYONE** born after **Dec. 31, 1956**.

1. **MMR:** This combination vaccine is often given because it protects from measles, mumps, and rubella. Two doses are required for entry into UF. (1) One must have been received at 12 months of age or later and in 1971 or later. (2) The second dose must have been received at least 30 days after the first dose and in 1985 or later as per CDC guidelines.
2. **Measles (Rubeola):** Two doses are required. (1) One must have been received at 12 months of age or later and in 1968 or later. (2) The second dose must have been received at least 30 days after the first dose and in 1985 or later.
3. **Rubella (German Measles):** One dose is required. One dose at 12 months of age or later and in 1969 or later.

This section is NEW and must be completed. READ CAREFULLY. You MUST either have the vaccines or sign a waiver stating you have read about these diseases and decline the vaccines.

4. **Menomune/Menactra (meningococcal meningitis vaccine):** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshman planning to live in campus dormitories/residence halls. Students wishing to decline the vaccine must first read the information in the box below. **Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. If you are under the age of 18, a parent or guardian must sign the waiver for you.**

Waiver Statement-Meningococcal Meningitis: College students, especially freshmen living in residence halls, are at a slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Two vaccines are currently available that decrease, but do not completely eliminate, a person's risk of acquiring meningococcal meningitis. This element of uncertainty remains because there are five (5) different serotypes (A, B, C, Y and W-135) and the current vaccines do not offer any protection from serotype B. The vaccines protect for 3 to 5 or more years and are extremely safe for use. For more specific information about meningococcal meningitis and college student risks, please visit UF's SHCC Web site at: www.shcc.ufl.edu/medical/immune.htm

5. **Hepatitis B (HBV) immunization:** You are encouraged to receive this series. Students in many Academic Health Programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. **Signing a waiver indicates that you understand the possible risk involved in not receiving this immunization.** If you are under the age of 18, a parent or legal guardian must sign the waiver for you.

Waiver Statement-Hepatitis B: Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases. For more specific information about Hepatitis B disease and vaccine, please visit UF's Student Health Care Center Web site at www.shcc.ufl.edu/medical/immune.htm

Section B Immunizations Required for International Students and many Academic Health Programs:

6. **Tuberculosis Skin Test (PPD by Mantoux, current within last year)**

Note! If both the PPD and MMR are given, they must be given on the same day for the PPD to be accurate or given 30 days apart. PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" in the space provided. If the PPD is positive, **attach a copy of chest x-ray report.**

Section C Immunizations Required for many Academic Health Programs:

7. **Varicella (Chicken Pox):** **History of disease or vaccine is acceptable.** Indicate the date you had Chicken Pox, OR provide proof of two doses of Varivax, OR provide results of a blood test on a laboratory form.

Section D Recommended for good health (but not mandatory):

8. **Tetanus/Diphtheria booster shot** within the past 10 years. Space is provided to record this information.
9. **Mumps.** [The MMR includes this protection.] Space is provided to record this information if given in a single dose.

Section E An MD office, clinic, or health department "official stamp" AND an official signature must be included for this document to be complete and approved.

Section F A signature of parent or guardian MUST be included here if the student is under the age of 18.

For more HELPFUL TIPS to complete this form and for information about valid exemptions, check out UF's SHCC WEB SITE: www.shcc.ufl.edu

If you can answer “yes” to each of these questions, you are ready to mail or fax the Mandatory Immunization Health History Form:

- 1. Is all the information printed and legible?**
- 2. Have I included my social security and UF ID numbers?**
- 3. Have I listed dates for two Measles vaccinations? and one Rubella?**
- 4. Have I been immunized for Meningococcal disease OR signed the waiver that I decline the vaccine?**
- 5. Have I completed or at least started the Hepatitis B series OR signed the waiver that I decline these vaccines?**
- 6. If I am under the age of 18 now, did my parent or guardian sign the waivers referred to in # 4 & 5 AND the consent for medical treatment at the bottom of the form?**
- 7. Has my doctor’s office or clinic officially “stamped” this form?**
- 8. Is there an authorized health professional’s signature in place?**

So, how did you do? Please remember that if your immunization information is incomplete or inaccurate, UF registration may be delayed or even blocked.