

# **Important. Please Do Not Delay.**

Immunization records are **required** for you to continue with class registration at UF.

UF will accept State of Florida immunization records issued by local health departments and doctors offices. Vaccines are available at the Student Health Care Center at UF during preview/orientation.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ UF ID # \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_ UF Study Begins: \_\_\_\_\_ Social Security # \_\_\_\_\_

<b>Section A: Required Immunizations Please Note: ALL TITERS MUST HAVE LAB WORK ATTACHED</b>				
	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Titer Date & Result
1. MMR(2 doses after 1st birthday)			////////////////////	
OR Measles			////////////////////	
Mumps			////////////////////	
Rubella			////////////////////	
2. Hepatitis B <small>(Or Sign Waiver Below)</small>				
3. Menomune/Menactra (Circle One) <small>(Or Sign Waiver Below)</small>		////////////////////		
4. PPD Skin Test (Tuberculosis Screening) <small>(Required for International Students &amp; Academic Health Programs)</small>	Date Placed	Date Read	MM	Circle Result Neg Pos
Chest x-ray <small>(If positive PPD)</small>	Date	Result	<b>Must Send Copy Of Chest X-ray Report</b>	

\_\_\_\_\_ I have read the information provided on the instruction sheet and I decline receipt of vaccine for Meningococcal Meningitis.

\_\_\_\_\_ I have read the information provided on the instruction sheet and I decline receipt of vaccine for Hepatitis B.

Signature of student or parent if under 18 \_\_\_\_\_ Date \_\_\_\_\_

<b>Section B: Recommended Immunizations for Good Health</b>				
	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Titer Date & Result
1. Td (Tetanus/Diphtheria) <b>And/Or</b>		////////////////////		
Tdap (Tetanus/Diphtheria/Pertussis)		////////////////////		
2. Varicella (Chicken Pox)			History of Disease:	

<b>Section C: Other Optional Vaccines (Not Required)</b>				
	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	
Hepatitis A				
HPV/Gardasil				
Polio (Last date)		////////////////////		
Other:				

**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.**

Official Office Stamp Here \_\_\_\_\_ Physician or Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**Send or fax form at least three (3) weeks prior to registration to : Immunizations,  
University of Florida, SHCC. P.O. Box 117500, Gainesville, FL 32611**

**Fax # (352) 392-0938 OR (352) 392-5129**

**PLEASE KEEP A COPY FOR YOUR RECORDS**

## Please Follow These Directions:

Name/Phone, etc. – Print all information legibly. Provide UF ID and social security number. .

### *Section A- Required Immunizations*

- MMR-** Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is often given because it protects from measles, mumps, and rubella. Two doses are required for entry into UF. One must have been received at 12 months age or later and in 1971 or later. The second dose must have been received at least 30 days after the first dose and in 1985 or later as per CDC guidelines. **OR Measles (Rubeola)-** two doses are required. One must have been received at 12 months of age or later and in 1968 or later. The second dose must have been received at least 30 days after the first dose and in 1985 or later. **Rubella (German Measles)-** One dose is required. One dose at 12 months of age or later and in 1969 or later.
- Hepatitis B (HBV) immunization-** you are encouraged to receive the 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 in not receiving this immunization. If you are under the age of 18, a parent must sign the waiver for you.  
**Waiver Statement: Hepatitis B- Hepatitis B 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 the 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 <http://shcc.ufl.edu/medical/immune.shtml>.**
- Menomune/Menactra (meningitis vaccine)-** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshmen 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 18, a parent 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 many different serotypes and the current vaccines do not offer any protections from serotype B. For more specific information about meningococcal meningitis and college student’s risks, please visit UF’s SHCC web site at <http://shcc.ufl.edu/medical/immune.shtml>.**
- Tuberculosis Skin Test (PPD by Mantoux, current within last year): Note: If both 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” and indicated whether negative or positive in the space indicated. If the PPD is positive, attach a copy of chest x-ray report.

### *Section B: Recommended Immunizations for Good Health*

- Td (Tetanus)/diphtheria or/and Tdap (Tetanus/Diphtheria/Pertussis) - Booster shot within last ten years. Space is provided to record this information.
- 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 C: Other Optional Vaccines (Not Required)*

In the boxes provided in this section you may list the vaccines that were administered for Hepatitis A, HPV, Polio, Yellow Fever, and any other vaccine not listed. These are not required.

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

**A signature of parent must be included if the student is under the age of 18.**

*For more HELPFUL TIPS to complete this form and form information about valid exemptions, check out UF’s SHCC WEB SITE: [www.shcc.ufl.edu](http://www.shcc.ufl.edu)*

**PLEASE KEEP A COPY FOR YOUR RECORDS**

**ACL-002 REV 06/09**