

Important!

Please Do Not Delay.

Immunization records are **REQUIRED** for class registration.

SUBMITTING YOUR INFORMATION:

Email, fax (*no cover sheet*) OR mail the completed form **ONLY** -- and lab reports as needed -- to Health Compliance at UF at least 3 weeks prior to Preview/orientation. (*See instructions on page 2.*)

NOTE: With the exception of other Florida college/university immunization records, NO OTHER FORMS ARE ACCEPTED.

REVIEW & APPROVAL PROCEDURE:

- Due to high volume, it may take up to 2 business days to process your form. *NOTE: Health Compliance does not send confirmation that an individual form has been received.*
- **Check your UF account to see if your immunization hold has been cleared: <http://one.uf.edu>.**
- If you still have an immunization hold, you may call Health Compliance at (352) 294-2925. *NOTE: All inquiries must be initiated by the student unless they are under 18.*

Instructions for UF Mandatory Immunization Health History Form

For more information, visit the immunizations web page at <http://shcc.ufl.edu/immunizations>.

Basic Instructions: DO NOT WAIT! Late, incomplete or inaccurate information may delay registration.

- Include the student's UF ID on all correspondence.** Print all student information legibly (name, phone, etc.).
- Have a doctor's office, clinic or health department fill out the medical areas of the form.** An official stamp AND an official signature from one of these entities must be included for this document to be complete and approved.
- MINORS (students under 18): A parent/guardian signature must be included for any signed waivers.**
- MAKE A COPY FOR YOUR RECORDS.** Should anything be amiss, you can easily refer to what was sent to us.
- Email, fax OR mail the completed form ONLY -- and lab reports as needed -- at least 3 weeks prior to Preview/orientation.**

NOTE: With the exception of other Florida college/university immunization records, NO OTHER FORMS ARE ACCEPTED.

EMAIL: healthcompliance@shcc.ufl.edu NOTE: Email sent over the Internet is not necessarily secure. Please be aware that the UF Student Health Care Center (SHCC) cannot guarantee the confidentiality or security of any information sent over the Internet when using email. The SHCC shall not be liable for any breach of confidentiality resulting from such use of email via the Internet.

FAX: (352) 392-0938 NOTE: To speed processing, please DO NOT include a cover sheet or other pages that are not required.

MAIL: UF Student Health Care Center, Health Compliance, P.O. Box 117500, Gainesville, FL 32611-7500

- Check the UF account to see if the immunization hold has been cleared:** <http://one.ufl.edu>. NOTE: Due to high volume, it may take up to 2 business days to process your form. Health Compliance does not send confirmation that an individual form has been received. If you still have an immunization hold, call Health Compliance at (352) 294-2925.

Section A: Information about Required Immunizations

1. **MMR / MEASLES, MUMPS, RUBELLA VACCINE** – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is given because it protects from Measles, Mumps and Rubella. Two doses are required for entry into the University of Florida. One must have been received on or after the first birthday AND in 1971 or later. The second dose must have been received at least 30 days after the first dose AND in 1990 or later.
OR: Provide lab evidence of immunity by doing a blood test to check for antibodies for Measles, Mumps and Rubella. If you do a blood test, you need to provide the results on a lab form that should be faxed or mailed with the completed Mandatory Immunization Health History Form. *****NOTE: All titers must include a lab report.*****
2. **HEPATITIS B VACCINE** – You are encouraged to receive this vaccine series. Students in many academic health programs are required to have this vaccine. Students wishing to decline this vaccine must read the information about Hepatitis B (available at <http://shcc.ufl.edu/immunizations>), then check and sign where indicated on the Mandatory Immunization Health History Form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline this vaccine, a parent must sign for you.
3. **MCV4 (MENACTRA/MENVEO) / MENINGOCOCCAL 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 this vaccine must read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis (available at <http://shcc.ufl.edu/immunizations>), then check and sign where indicated on the Mandatory Immunization Health History Form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under 18 and wish to decline this vaccine, a parent must sign for you.
4. **Tuberculosis Screening: Required for International Students** – Tuberculosis screening by Tuberculin Skin Test, TST (Mantoux) **OR** by IGRA, Interferon-based Assay lab test (either QFT or Tspot) within one year of registration. The result of the TST needs to be recorded in mm in the space provided on the form and whether considered negative or positive. If you do the blood test – Interferon-based Assay, IGRA, (QFT or Tspot) – then submit a copy of the lab report. If either the TST or IGRA lab test is positive, then submit a copy of the chest X-ray report.

Section B: Optional Immunizations – Not Required

- Td (Tetanus/Diphtheria) or/and Tdap (Tetanus/Diphtheria/Pertussis) – Tdap = Adacel/Boostrix. Booster shot within last 10 years.
- Varicella (Chickenpox) – Provide proof of two doses of Varivax. **OR:** Provide results of a blood test on a lab form verifying immunity to Chickenpox/Varicella. *****NOTE: All titers must include a lab report.*****
- Hepatitis A, HPV, Polio – In this section you may also list any additional vaccines that were administered.
- Meningitis B – Please specify whether Bexsero (2 doses) or Trumenba (3 doses) in the space provided. Newly approved vaccine for bacterial meningitis sero type B. These new vaccines are not interchangeable. View the CDC VIS at www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html.

OFFICE USE ONLY

Name: _____

Date of Birth _____ Phone: _____

REQUIRED - UF ID Number (8 digits):

□	□	□	□	□	□	□	□
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IMPORTANT! Keep a copy of this page and all lab reports for your records.**Email, fax OR mail this completed form -- and lab reports as needed -- at least 3 weeks prior to Preview/orientation.**

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Section A: Required Immunizations*****NOTE: ALL TITERS MUST INCLUDE LAB REPORT*****

Vaccine Name	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
1. MMR (Measles, Mumps, Rubella) (2 doses on or after first birthday)			DO NOT WRITE HERE	
2. Hepatitis B OR sign waiver below				
3. MCV4 (Menactra/Menveo) OR sign waiver below (only 1 dose required)			DO NOT WRITE HERE	DO NOT WRITE HERE

 I have read the information about Hepatitis B (see instructions on page 2) and decline receipt of this vaccine.

 I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis (see instructions on page 2) and decline receipt of this vaccine.

Student Signature _____

Date _____

STUDENTS UNDER 18: Parent/Guardian Signature AND Printed Name _____

Relationship to Student _____

Date _____

4. Tuberculosis Screening: Required for International Students (see instructions on p.2)

TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Neg	Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result	***Submit copy of lab report***		
Chest X-ray (if positive PPD or lab)	Date	Result	***Submit copy of chest X-ray report***		

Section B: Optional Immunizations*****NOTE: ALL TITERS MUST INCLUDE LAB REPORT*****

	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
TD		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
Tdap (Adacel/Boostrix)		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
Varicella (Chickenpox)			DO NOT WRITE HERE	
Hepatitis A				
HPV (Gardasil or Cervarix)				DO NOT WRITE HERE
Polio (last date)		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
Meningitis B Vaccine:	Bexsero		DO NOT WRITE HERE	DO NOT WRITE HERE
	Trumenba			

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

For Students Under 18 Only - PARENT/GUARDIAN MEDICAL TREATMENT CONSENT

I hereby authorize the University of Florida Student Health Care Center and SHCC Psychiatry at the UF Counseling and Wellness Center 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 health care facility if deemed necessary by the medical or mental health provider.

Parent/Guardian Signature _____

Printed Name _____

Relationship to Student _____

Date _____