

# **Important!**

# **Please**

# **Do Not Delay.**

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

**Please fax or mail the completed  
Mandatory Immunization  
Health History Form ONLY.**

No cover sheets needed.

**NO OTHER FORMS  
WILL BE ACCEPTED!**

**Vaccines are available at the Student Health Care  
Center at UF during Preview/Orientation.**

# Mandatory Immunization Health History Form - Please Follow These Directions

## **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 waivers and medical treatment.**
- KEEP A COPY FOR YOUR RECORDS.** Should anything be amiss, you can easily refer to what was sent to us.
- Mail or fax only the single records page (and lab reports as needed) at least three (3) weeks prior to orientation/registration.** Address: University of Florida, SHCC, Immunizations, P.O. Box 117500, Gainesville, FL 32611-7500. Fax: (352) 392-0938.  
**NOTE: Only the official UF Mandatory Immunization Health History Form will be accepted, along with lab reports as needed.** Submissions provided on any other form will be disregarded and shredded.

Visit the "Immunizations" section of the UF Student Health Care Center website at [www.shcc.ufl.edu](http://www.shcc.ufl.edu) for more information.

## **Section A: Information about Required Immunizations**

- 1. MMR Vaccine** – 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 the University of Florida. 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 1990 or later.  
**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 1990 or later. **AND Rubella (German Measles)** – One dose is required. One dose at 12 months of age or later and in 1969 or later.  
**OR:** Submit laboratory evidence of immunity to measles and rubella on a laboratory form (IGG antibody or titer).
- 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 in the "Immunizations" section of [www.shcc.ufl.edu](http://www.shcc.ufl.edu)), then check and sign where indicated on the medical records 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 in the "Immunizations" section of [www.shcc.ufl.edu](http://www.shcc.ufl.edu)), then check and sign where indicated on the medical records 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 and Most Academic Health Programs** – A Tuberculosis Skin Test by PPD or Mantoux (within the last year) is required for international students and most academic health programs. 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**, submit a copy of the chest X-ray report done on or after PPD placement. **If you do the blood test—Interferon-based Assay (QFT or Tspot)**—submit a copy of the laboratory report. **If the PPD is positive or the Interferon-based Assay is positive**, submit a copy of the chest X-ray report.

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

- Td (Tetanus)/Diphtheria or/and Tdap (Tetanus/Diphtheria/Pertussis) – Booster shot within last 10 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.
- Hepatitis A, HPV, Polio, Other – In the boxes provided in this section you may also list any additional vaccines that were administered. These are not required.

OFFICE USE ONLY

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date UF Study Begins: \_\_\_\_\_

**Section A: Required Immunizations** \*\*\*NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED\*\*\*

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
<b>1. MMR</b> (2 doses after 1st birthday)			DO NOT WRITE HERE	
<b>OR</b> Measles			DO NOT WRITE HERE	
Mumps			DO NOT WRITE HERE	
Rubella			DO NOT WRITE HERE	
<b>2. Hepatitis B</b> (OR sign waiver below)				
<b>3. MCV4 (Menactra/Menveo)</b> (OR sign waiver below)			DO NOT WRITE HERE	DO NOT WRITE HERE

 I have read the information about Hepatitis B and decline receipt of this vaccine.

 I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.
\_\_\_\_\_  
Signature of student\_\_\_\_\_  
Date**OR** \_\_\_\_\_  
Signature of parent/guardian if student under 18\_\_\_\_\_  
Relationship to student\_\_\_\_\_  
Date
**4. Tuberculosis Screening: Required for International Students and Most Academic Health Programs**

TB Skin Test by PPD (Mantoux)	Date Placed	Date Read	MM	Neg	Pos
<b>OR</b> 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: Recommended Immunizations for Good Health**

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
Td (Tetanus/Diphtheria)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
<b>AND/OR</b> Tdap (Tetanus/Diphtheria/Pertussis)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
Varicella (Chicken Pox)			History of Disease:	
Hepatitis A				
HPV (Gardasil)				DO NOT WRITE HERE
Polio (last date)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
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 TREATMENT CONSENT (For Students Under 18):** I hereby authorize the Student Health Care Center and the Counseling and Wellness 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 health care facility if deemed necessary by the medical or mental health provider.

\_\_\_\_\_  
Signature of parent/guardian\_\_\_\_\_  
Relationship to student\_\_\_\_\_  
Date
**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**
**Mail or fax only this one (1) page (and lab reports as needed) at least three (3) weeks prior to registration to:  
University of Florida, SHCC, Immunizations, P.O. Box 117500, Gainesville, FL 32611-7500, Fax: (352) 392-0938**