Mandatory Immunization Health History Form

❖GENERAL EDUCATION❖

Section A: Required Immunizations Information

Please note: All titers must include a lab report

1. **MMR / MEASLES, MUMPS, RUBELLA VACCINE:**
Required for everyone born after Dec. 31, 1956. Two doses are required. You must have received on or after 12 months of age 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.

2. **HEPATITIS B VACCINE:**
Students are required to receive this vaccination **OR** read the CDC's Vaccine Information Statement and sign where indicated on the Form to decline. Read the VIS here: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html. 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 are required to receive this vaccination **OR** read the CDC's Vaccine Information Statement and sign where indicated on the Form to decline. Read the VIS here: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html. 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. Can be met by Tuberculosis screening by Tuberculin Skin Test, TST OR by IGRA, Interferon-based Assay lab test. If either screening is returned positive, then you must get a chest x-ray and submit a copy of the report.
    - **FOR TST (Mantoux):** The result of the TST needs to be recorded in mm in the space provided on the form and whether considered negative or positive.
    - **For Interferon-based Assay, IGRA, (QFT or Tspot):** You must submit a copy of the lab report.

Section B: Optional Immunizations – Not Required for Matriculation

- **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. **Please note that all titers must include the 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. View the CDC VIS at cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html.

Basic Instructions:

- ☐ **DO NOT WAIT!** Submit documents at least three (3) weeks prior to orientation or registration. Late, incomplete or inaccurate information will prevent course registration.
- ☐ Include the student's UFID on all correspondence. Print all student information legibly (name, phone, etc.).
- ☐ **MINORS (students under 18):** A parent/guardian signature must be included.
- ☐ Keep a copy for your records.
- ☐ **Check UF account to see if the immunization checklist has been cleared: one.uf.edu.** Health Compliance does not send confirmation that an individual form has been received.

How to Submit:

- ****EMAIL: healthcompliance@shcc.ufl.edu**
- **FAX: (352) 392-0938**
Please do not include a cover sheet or other pages that are not required.
- **MAIL:**
UF Student Health Care Center,
Health Compliance Office
P.O. Box 117500,
Gainesville, FL 32611-7500

****Please note:** Email sent over the Internet is not necessarily secure. Please be aware that the University of Florida (UF) Health Compliance Office and the UF Student Health Care Center (SHCC) cannot guarantee the confidentiality or security of any information sent over the Internet when using email. UF and/or the SHCC shall not be liable for any breach of confidentiality resulting from such use of email via the Internet.

OFFICE USE ONLY
MRN:________________________

General Education Immunization Form

REQUIRED – UFID NUMBER (8 digits):

☐☐☐☐ - ☐☐☐☐

Name: ____ **First Term of Attendance:** ☐ **FALL** ☐ **SPRING** ☐ **SUMMER**

Date of Birth: __________________________________ **Phone:** ___________________________________

SECTION A: Required Immunizations

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis B				
☐ I have read the information about Hepatitis B and decline receipt of this vaccine. _______________________________ _______________ Student or Guardian Signature Date				
3. MCV4 (Menactra/Menveo)			--NOT APPLICABLE--	
☐ I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine. _______________________________ _______________ Student or Guardian Signature Date				

4. Tuberculosis Screening (Required for International Students)				
TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	**Result:** Neg Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result	**Submit copy of lab report in English**	
Chest X-ray **(Only if positive TST or Lab Test)**	Date	Result	**Submit copy of x-ray report in English**	

SECTION B: Optional Immunizations – Not Required for Matriculation

Td			--NOT APPLICABLE--		
Tdap (Adacel/Boostrix)			--NOT APPLICABLE--		
Varicella (Chickenpox)				--NOT APPLICABLE--	
Hepatitis A					
HPV (Gardasil or Cervarix)					--NOT APPLICABLE--
Meningitis B	Bexsero			--NOT APPLICABLE--	
	Trumenba				--NOT APPLICABLE--

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**

EMAIL: healthcompliance@shcc.ufl.edu | **FAX: (352) 392-0938** (No cover sheet) | **MAIL: UF SHCC Health Compliance, P.O. Box 117500, Gainesville, FL 32611-7500**