

# **Important!** **Please Do Not** **Delay!**

Immunization records are required.

You can not be registered for classes until this is complete.

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

# Mandatory Immunization Health History Form Instructions



## Basic Instructions:

- Include your UF ID on all correspondence: Print all information legibly.
  - Have a doctor's office, clinic, or health department fill out the medical areas of the form: an "official stamp" AND official signature must be included for this form to be approved.
  - Mail or Fax Form (***and lab reports/x-rays as indicated***) at least three (3) weeks prior to Registration to:  
University of Florida, Health Compliance Office, Immunizations, PO Box 117500, Gainesville, FL 32611-7500  
Fax (352) 392-0938
- AND-** Fax or mail a copy to Julian Gilder, Student Affairs, PO Box 100216, Gainesville, FL 32610-0216 Fax (352) 273-7536.

1. **MMR** - Required for everyone born after December 31, 1956. Two doses are required for entry into the University of Florida. One must have been received at 12 months of 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:** Provide lab evidence of immunity by doing a blood test to check for antibodies for Measles, Mumps and Rubella. If you do the blood test, you need to provide the results on a laboratory form that should be faxed or mailed with the completed Immunization Health History Form. **\*\* All lab evidence of immunity testing must be accompanied by a lab report\*\***
2. **Hepatitis B Vaccine (HBV)** - You are required to receive the Hepatitis B Vaccine (HBV) series. 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. Missed doses may still be sought to complete the series if only one or two have been acquired. If you completed the vaccination series within the past two months, you must also provide serologic proof of immunity. ( i.e. a positive serum titer for Hepatitis B surface antibody – quantitative) **\*\* All lab evidence of immunity testing must be accompanied by a lab report\*\***
3. **Tdap** (Tetanus/Diphtheria/Pertussis) Available since June 2005.

Note: Either Adacel or Boostrix Tdap vaccine is required for the College of Medicine Students.

4. **Varicella/chickenpox** - Provide proof of two doses of Varivax vaccine. **OR:** lab evidence of immunity to varicella/chickenpox. **\*\* All Titers must include a lab report\*\*** (Note: History of disease is not acceptable)
5. **Flu Shot:** Flu Shots are required of ALL University of Florida College of Medicine Students. UF COM Students are required to get a flu shot every year. Although students are not required to have a flu shot before the August start date, all students must have a flu shot when the new Flu shot is made available in early fall of each corresponding school year. ***Failure to comply with this requirement may result in delayed graduation due to the inability to participate in certain clinical activities.***
6. **MCV4 (Menactra/Menveo)** (bacterial 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 "Waiver Statement" below, then check and sign where indicated on the form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine.

**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 students' risks, visit the "Immunizations" section of the UF Student Health Care Center's website at [www.shcc.ufl.edu](http://www.shcc.ufl.edu).

7. **Tuberculosis Screening either by Two-Step Tuberculosis Skin Test** – TST by Mantoux, current within 12 months of the COM admission date or Interferon-based Assay (IGRA) Lab Test (QFT or T spot).

- TB Skin Test by TST must be read between 48-72 hours of administration.
- The second TB Skin Test by TST must be applied at least 7 days after the first TST is placed. The result must be recorded in "mm's" in the space provided.
- If you do the blood test, the Interferon-based assay(IGRA) lab test, either the QFT or Tspot, then attach a copy of the lab report.
- If you have a positive TB Skin Test by TST or positive Interferon-based assay (IGRA) lab test, you must provide documentation of both the positive test and a negative chest X-ray within three months of the start of school.
- If both the TST and MMR or Varivax are given, they must be given on the same day for the TST to be accurate or given 30 days apart.

**PLEASE KEEP A COPY FOR YOUR PERSONAL RECORDS**

OFFICE USE ONLY



Mandatory Immunization Health History Form

Name: \_\_\_\_\_ UF ID: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_
UF Email: \_\_\_\_\_

Required Immunizations

This document must be completed by a physician or authorized clinic personnel. \*\*Proof of positive antibody lab test will substitute for documentation of immunization, but, you must submit the actual laboratory form documenting lab evidence of immunity.\*\*

Table with 5 columns: Immunization Name, Month/Day/Year, Month/Day/Year, Month/Day/Year, Titer Date & Result\*\*. Rows include MMR, Hepatitis B, Tdap, Varicella, and MCV4.

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

Signature of Student

Date

Table for TB and Interferon-based Assay tests. Columns include Date Placed, Date Read, Record in mm's, and Check Result.

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

IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS

Mail or Fax Form this one (1) page (with titer lab reports, if applicable) at least three (3) weeks prior to registration to:

1. University of Florida, Health Compliance Ofc., Immunizations, PO Box 117500, Gainesville, FL 32611-7500 Fax (352) 392-0938

-AND-

2. Send to: Julian Gilder, COM Student Affairs, PO Box 100216, Gainesville, FL 32610-0216 Fax (352) 273-7536