

# Important!

# Do Not Delay!

## Immunization Form REQUIRED for you to proceed with Class Registration at UCF

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

1. UCF will accept the official State of Florida Immunization form, issued by local health departments, stamped high school transcripts, military immunization forms, and physician's office records (**signed and stamped**) in conjunction with completing the UCF Immunization form. If you have supporting documentation, attach it to a completed UCF Immunization form. The UCF immunizations form is available on the UCF website along with the link you will need to upload your documents at [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations).
2. The Advisory Committee on Immunization Practices (ACIP) has recommended that college freshman living in residence halls receive vaccinations for meningococcal meningitis. By action of the Florida State University System Board of Governors, this recommendation is supported by the policy effective July 1, 2008 that "all NEW matriculating students must provide documentation of vaccinations against meningococcal meningitis and hepatitis B or provide a signed waiver for each declined vaccination."

***Accurate and complete immunization information is required for registration at UCF. Incomplete information may result in your registration being delayed or even blocked. Please follow these directions:***

**Name/phone, etc.** Print all information legibly. **Provide UCF ID number**

**Section A: Required Immunizations.** Required for **EVERYONE** born after Dec. 31, 1956.

**1. MMR:** This combination vaccine is often given because it protects from measles, mumps, and rubella. Two doses are required for entry into UCF. (1) The first dose must have been received at 12 months of age or later and in 1971 or later. (2) The second dose must have been received at least 30 days after the first dose as per CDC guidelines.

**\*OR\***

**Measles (Rubeola):** Two doses are required. (1) The first dose must have been received at 12 months of age or later and in 1968 or later. (2) The second dose must have been received at least 30 days after the first dose.

**\*AND\***

**Rubella (German Measles):** One dose is required at 12 months of age or later and in 1969 or later.

**2. Hepatitis B (HBV) immunization:** You are encouraged to receive this 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 involved in not receiving this immunization. If you are under the age of 18, a parent or guardian must sign the waiver for you. The vaccine is usually administered as a three-dose series on a 0-, 1-, and 6-month schedule. The 2nd dose should be given 1 month after the first dose; the third dose should be given at least 2 months after the second dose and at least 4 months after the first dose. The Hepatitis B two-dose schedule "Recombivax" should be supported by an official document and the 2nd shot is administered 4-6 months after the first one.

\* Twinrix (Hepatitis A/B) series may be used as a substitute for the Hepatitis B series.

**3. Meningococcal meningitis vaccines:** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshman planning to live in campus dormitories/residence halls. The ACIP also recommends a booster dose of meningococcal vaccine for students who received their primary dose before the age of 16 years. 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 the age of 18, a parent or guardian must sign the waiver for you.

**Waiver Statement-Meningococcal Meningitis:** College students, especially freshman 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. Three 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 (5) different serotypes (A, B, C, Y and W-135) and the current vaccines do not offer any protection from serotype B. For more specific information about meningococcal meningitis and college student risks, please visit UCF Student Health Services website: <http://www.studenthealth.ucf.edu/immunizations>

**Waiver Statement-Hepatitis B:** Hepatitis B (HBV) 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 doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been received. 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 vaccines, please visit UCF Student Health Services website: <http://www.studenthealth.ucf.edu/immunizations>

**Section B: 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, Influenza, Other - In the boxes provided in this section you may also list any additional vaccines that were administered. These are not required.

**Section C: Identify if you have Type (1) Diabetes and whether or not you are interested in participating in the UCF Student Health Services program to help students with Type (1) Diabetes.**

**Section D: A signature of parent or guardian MUST be included on the form if the student is under the age of 18.**

**For more Helpful Tips to complete the immunization form and for information about valid exemptions, check out UCF Student Health Services website at:** <http://www.studenthealth.ucf.edu/immunizations>

Revised 03/15

Health Information Management Department  
 University of Central Florida  
 4098 Libra Drive, Orlando FL 32816-3333  
 PHONE: 407.823.3707 <http://www.studenthealth.ucf.edu>



# Mandatory Immunization Health History Form

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ UCFID: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

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

| Required for all student born after 12/31/1956  | Month/Day/Year | Month/Day/Year   | Month/Day/Year    | Titer Date & Result |
|---|----------------|--|-------------------|---------------------|
| 1. MMR (2 doses after 1st birthday & at least 30 days apart in 1971 or later)                               |                |  | DO NOT WRITE HERE | DO NOT WRITE HERE   |
| OR Measles (two doses required given in 1968 or later)  |                |  | DO NOT WRITE HERE |                     |
| Rubella (one dose required given in 1969 or later)  |                |  | DO NOT WRITE HERE |                     |
| 2. Hepatitis B (OR check and sign waiver below)   |                |  |                   |                     |
| 3. Meningococcal Meningitis Vaccine/MCV4 (must be given after the age of 16 OR check and sign waiver below) |                | Booster needed if 1 <sup>st</sup> dose is given before the age of 16 |                   | 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 / 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 \_\_\_\_\_

**Section B: Recommended Immunizations for Good Health (NOT REQUIRED)**

|  | 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 |
| AND/OR Tdap (Tetanus/Diphtheria/Pertussis) |                |                |                     | DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE |
| Varicella (Chicken Pox)                    |                |                | History of Disease: |   |
| Hepatitis A                                |                |                | DO NOT WRITE HERE   | DO NOT WRITE HERE   |
| 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 on this form or on the official document(s) attached in order to be accepted.

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

**SECTION C: Type 1 Diabetes**

Do you have type 1 Diabetes? If yes, please enter your student email to receive information about the student support group?  
 Email Address: \_\_\_\_\_

**SECTION D: MEDICAL CONSENT IF UNDER 18 YEARS OLD**

I HEREBY AUTHORIZE the Student Health Services and the University Counseling Center at the University of Central Florida to employ diagnostic procedures and to render treatment or medical, dental, surgical, psychological, or psychiatric care deemed necessary to the health and well-being of my student. I grant permission for the transfer of my student to an accredited hospital or other 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.**  
 Please upload documents to the link you can retrieve at [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations) at least three weeks prior to registration



# Want to know how to become compliant with immunizations? Here's how!

Due to this being a timely process, we recommend that you complete this process **three weeks prior** to your orientation.

Health Services Management Department  
University of Central Florida  
4001 Lake Nona, Orlando, Florida 32816-3333  
FAX: 407-823-3335 PHONE: 407-823-3300

**UCF** Mandatory Immunization Health History Form

Name: Flus, Riley  
Date of Birth: 1/29/1990 PIN: 888888  
Phone: 407-858-4444 Orientation Date: Jan 19, 2011

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

| Immunization  | Month/Day/Year | Month/Day/Year | Month/Day/Year | Titer Date & Result |
|---|----------------|----------------|----------------|---------------------|
| 1. MMR (2 doses after birthday & 6 or over 18 years of age)                           | 4/5/1997       | 7/3/1997       |                | DO NOT WRITE HERE   |
| MMR Modified (two doses receive given or 18 or later)                                 |                |                |                | DO NOT WRITE HERE   |
| Rubella (one dose required prior to 1989 or later)                                    |                |                |                | DO NOT WRITE HERE   |
| 2. Hepatitis B (one dose required prior to 1989 or later)                             | 3/20/1996      | 5/20/1996      | 11/29/1996     |                     |
| 3. Meningococcal Meningitis Vaccine/MCV4 (one dose required prior to 16 years of age) | 7/24/2000      |                | 9/15/2000      |                     |

I have read the information about Hepatitis B and decline receipt of this vaccine.  
 I have read the information about MCV4 / 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 \_\_\_\_\_

This is **Section A** of the UCF Mandatory Immunizations Health History Form. In this section, your physician will make note of the date your vaccine were administered. We require **2 MMRs** (Measles, Mumps, and Rubella) or **2 Measles** (also known as Rubeola) and **1 Rubella** vaccine, **3 doses of Hepatitis B**, and a **Meningitis** vaccine that is given **after** 16 years of age.

In this section, here is where the **Hepatitis B** and **Meningitis waivers** are located. If you would like to **decline** the Meningitis booster, completing your Hepatitis B series, or just unable to locate those documents, here is where the waivers can be completed. Please check the box, sign your name, and write the **FULL date** (month, day, and year).

I have read the information about Hepatitis B and decline receipt of this vaccine.  
 I have read the information about MCV4 / 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 \_\_\_\_\_

**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 |
| AND/OR Tdap (Tetanus/Diphtheria/Pertussis) |                |                |                    | DO NOT WRITE HERE; DO NOT WRITE HERE; DO NOT WRITE HERE |
| Varicella (Chicken Pox)                    |                |                | History of Disease |   |
| Hepatitis A                                |                |                |                    | DO NOT WRITE HERE; DO NOT WRITE HERE                    |
| HPV (Cervical)                             |                |                |                    | DO NOT WRITE HERE                                       |
| Polio (one dose)                           |                |                |                    | DO NOT WRITE HERE; DO NOT WRITE HERE; DO NOT WRITE HERE |
| Other:                                     |                |                |                    |   |

In **Section B**, these vaccines are **NOT** required but are recommended for good health. It is perfectly fine if you would like to leave this section blank.

**Below** Section B is where the **required** Official Office Stamp and Physician/Authorized personnel will

An official stamp from the UCF Health Services Health Department AND an authorized signature must appear on this form or on the official document(s) attached in order to be accepted.

**UCF Health Services**  
**Immunization Department**  
Post Office Box 163333  
Orlando, Florida 32816-3333

\_\_\_\_\_  
Physician or Authorized Signature

Oct 9, 2010  
Date

sign and date; **UNLESS** you are **attaching** an official copy of your immunization record (i.e. Florida Certificate of Immunizations, FloridaShots, Military records, High school transcripts). For facilities that **DO NOT** have an official stamp, they can write on a letterhead stating that their facility does not have a stamp and must sign it.

**SECTION D: MEDICAL CONSENT IF UNDER 18 YEARS OLD**  
MEDICAL CONSENT (for students under 18): I HEREBY AUTHORIZE the Health Services and the University Counseling Center at the University of Central Florida to employ diagnostic procedures and to render treatment or medical, dental, surgical, psychological, or psychiatric care deemed necessary in the health and well-being of my student. I consent to the transfer of my student to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider.

Flus, Riley Signature of parent/guardian  
Mother Relationship to student  
Oct 9, 2010 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 407-823-3135 Fax

Lastly, in **Section D**, is where a parent or guardian would sign to provide consent to treat a minor student (under age 18) at the student health facilities at UCF, including medical, dental, and mental health services. This section **requires** a signature if you decline to sign, please contact our office.