

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 those born after Dec. 31, 1956. Two doses 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 **OR** Provide lab evidence of immunity with 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 submitted with the completed Mandatory Immunization Health History Form.

2. HEPATITIS B VACCINE:

Students are required to receive vaccination **OR** read 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:

Students are required to receive vaccination **OR** read 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. Must have completed testing within 12 months of matriculation. 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

• COVID-19:

The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly. Both doses of the series should be completed with the same product and in the time intervals specified by the manufacturer.

• 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](https://www.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)** Include a signed copy of the [Minor Medical Treatment Consent Form](#)
- Keep a copy for your records.
- Check UF account to see if the immunization checklist has been cleared: one.ufl.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):

□	□	□	□	□	□	□	□
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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				
<input type="checkbox"/> 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--	
<input type="checkbox"/> 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) Must have completed testing within 12 months of matriculation.				
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--
COVID-19	Moderna		--NOT APPLICABLE--
	Pfizer		--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