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.

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.

4. **TD or/and TDAP VACCINE:**
   Td (Tetanus/Diphtheria) or/and Tdap (Tetanus/Diphtheria/Pertussis): Tdap = Adacel/Boostrix. Booster shot within last 10 years.

5. **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.

6. **RABIES:**
   Three dose series required. You must get the first dose prior to start of classes.

7. **TUBERCULOSIS SCREENING:**
   Required for International Students. Must have completed testing within 12 months of matriculation. 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):** Recommended. You must submit a copy of the lab report along with this form.

Basic Instructions:
- **DO NOT WAIT!** Submit documents prior to orientation or registration. Late, incomplete or inaccurate information will prevent course registration.
- Include UFID on all correspondence. Print all student information legibly (name, phone, etc.).
- 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.
Name: ___________________________ Date of Birth: ___________________ Phone: ____________________

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Date (MM/DD/YYYY)</th>
<th>Date (MM/DD/YYYY)</th>
<th>Date (MM/DD/YYYY)</th>
<th>Titer Date &amp; Result (Must include lab report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MMR (Measles, Mumps, Rubella)</td>
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<td>--NOT APPLICABLE--</td>
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<td>(2 doses on or after 12 months of age)</td>
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<td>2. Hepatitis B</td>
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<td>I have read the information about Hepatitis B and decline receipt of this vaccine.</td>
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<td>Student Signature Date</td>
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<td>3. MCV4 (Menactra/Menveo)</td>
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<td>--NOT APPLICABLE--</td>
<td>--NOT APPLICABLE--</td>
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<td>I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.</td>
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<td>Student Signature Date</td>
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<td>4. Td or Tdap (Adacel/Boostrix)</td>
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<td>--NOT APPLICABLE--</td>
<td>--NOT APPLICABLE--</td>
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<td>5. Varicella (Varivax)</td>
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<td>--NOT APPLICABLE--</td>
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<td>6. Rabies</td>
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7. Tuberculosis Screening: *(see instructions on p.1)*

TB Skin Test by TST (Mantoux) #1 Date Placed Date Read MM Result: Neg Pos #2 Date Placed Date Read MM Result: Neg Pos

OR Interferon-based Assay (QFT or Tspot) Date Result Submit copy of lab report

Chest X-ray (Only if positive TST or Lab Test) Date Result Submit copy of x-ray report

**Important! Make a copy of this page and all lab reports to keep for your records.**

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