

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 and physicians offices, in conjunction with completing this form. If you have this form, attach it to the UCF Immunization form you download from the UCF website and mail it to UCF Health Services, Attn: HIM Department, P.O. Box 163333, 4000 Central Florida Blvd., Orlando, FL 32816-3333
2. The Advisory Committee on Immunization Practices (ACIP) has recommended that college freshman living in residence halls receive the newly licensed vaccine 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 matriculation students must provide documentation of vaccinations against meningococcal meningitis and hepatitis B or provide a signed waiver for each declined vaccination.”

Complete and send this form to the address specified below prior to the class registration deadline. Completion of this form is necessary to comply with the Florida Statute 1006.69 and the Florida Admin Rule 6C-6.001(5). This form is also available via the UCF Health Services website at: <http://www.hs.sdes.ucf.edu/healthcenter/forms/IMMUNIZATION%20FORM.pdf>

Name: _____ Male Female
(PRINT) Last First Initial

Date of Birth: _____ Social Security #: _____ - _____ - _____ For which Term/Year are you applying?
Month Day Year Spring Year _____
 Summer Year _____
 Fall Year _____

Phone: (____) _____ UCF PID #: _____

Carefully read the instructions before you complete the form. Registration at UCF will be blocked until this document is received and acceptable.

A. Immunizations Required for ALL Students born after 12/31/56.

(see instruction sheet for explanations)

1. MMR (Measles/Mumps/Rubella)

Dose: 1 Dose: 2
MM DD YY MM DD YY

OR

Measles (Rubeola) Titer/Date
 Dose: 1 Dose: 2 or
MM DD YY MM DD YY MM DD YY

AND Attach copy of lab report

2. Rubella (German Measles)

Titer/Date
MM DD YY or
MM DD YY

Attach copy of lab report

New Requirements for ALL Students Entering UCF

3. Menomune/Menactra (for meningococcal meningitis)

Date: **or** Read information on Instruction sheet and sign waiver, below.
MM DD YY

4. Hepatitis B

or Read information on Instruction sheet and sign waiver, below.

Dose: 1 Dose: 2 Dose: 3
MM DD YY MM DD YY MM DD YY

_____ I have read the information provided and I decline receipt of vaccine for meningococcal meningitis.

_____ I have read the information provided and I decline receipt of vaccine to protect for Hepatitis B.

Signature of Student or Parent/Guardian (If student under 18)

Date: _____

B. Immunizations Recommended for good health

5. Td (Tetanus/Diphtheria)

MM DD YY

Tdap (Tetanus/Diphtheria/Pertussis)

MM DD YY

OR

6. Mumps

MM DD YY

7. HPV

MM DD YY

8. Polio (last dose)

MM DD YY

9. Varicella (Chicken Pox) 2 shots or date of illness

Dose: 1 Dose: 2 **OR**
MM DD YY MM DD YY Date of Illness
MM DD YY MM DD YY MM DD YY

10. Hepatitis A

Dose: 1 Dose: 2
MM DD YY MM DD YY MM DD YY

C. 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 approved.

 Name of Public Health Clinic
 or Physician (Facility Stamp)

 Physician or Authorized Signature

 Date

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 any treatment or medical, 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 or Guardian: _____ Date: _____

Send or fax form as soon as possible, preferably three (3) weeks prior to your scheduled orientation session to:

UCF Health Services, Health Information Department, University of Central Florida
 P.O. Box 163333, 4000 Central Florida Blvd., Orlando FL 32816-3333

OR

Fax (407) 823-3135
 Phone (407) 823-3707 (407) 823-2119

PLEASE KEEP A COPY FOR YOUR RECORDS

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 both Social Security and/or UCF ID number.

Section A Measles and Rubella 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) One 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 and in 1985 or later as per CDC guidelines.
Measles (Rubeola): Two doses are required. (1) One 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 in 1985 or later.
2. **Rubella (German Measles):** One dose is required. One dose at 12 months of age or later and in 1969 or later.

This section is NEW and must be completed. READ CAREFULLY. You MUST either have the vaccines or sign a waiver stating you have read about these diseases and decline the vaccines.

3. **Menomune/Menactra (Meningococcal meningitis vaccine):** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshman planning to live in campus dormitories/residence halls. 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. 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 (5) different serotypes (A, B, C, Y and W-135) and the current vaccines do not offer any protection from serotype B. The vaccines protect for 3 to 5 or more years and are extremely safe for use. For more specific information about meningococcal meningitis and college student risks, please visit UCF's Health Centers Web site at: <http://www.hs.sdes.ucf.edu/>

4. **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.

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 acquired. 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's Health Centers Web site at: <http://www.hs.sdes.ucf.edu/>

Section B Immunizations Recommended for good health:

5. **Td (Tetanus/Diphtheria) OR Tdap (Tetanus/Diphtheria/Acellular Pertussis) booster shot** within the past 10 years. Space is provided to record this information.
6. **Mumps.** [The MMR includes this protection.] Space is provided to record this information.
7. **HPV.** One time vaccine for women 18-26 years of age. (For prevention of cervical cancer).
8. **Polio.** Polio series as a child. Inactivated Polio Vaccine (IPV), indicated for certain international travel after 18 years of age.
9. **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.
10. **Hepatitis A.** Given as 2 doses 6-12 months apart.

Section C An MD office, clinic, or health department "official stamp" AND an official signature must appear on this form or on the attachment(s) to be complete and approved.

Section D A signature of parent or guardian MUST be included here if the student is under the age of 18.

For more HELPFUL TIPS to complete this form and for information about valid exemptions, check out UCF's Health Centers Web site at: <http://www.hs.sdes.ucf.edu/>

If you can answer “yes” to each of these checklist questions, you are ready to mail or fax the Mandatory Immunization Form:

- _____ 1. Is all the information printed and legible?
- _____ 2. Have I included my social security and UCF ID numbers?
- _____ 3. Have I listed dates for two Measles vaccinations? and one Rubella?
- _____ 4. Have I been immunized for Meningococcal disease **OR** signed the waiver that I decline the vaccine?
- _____ 5. Have I completed or at least started the Hepatitis B series **OR** signed the waiver that I decline this vaccine?
- _____ 6. If I am under the age of 18 now, did my parent or guardian sign the waivers referred to in # 4 & 5 above **AND** the consent for medical treatment at the bottom of the form?
- _____ 7. Has my doctor’s office or clinic officially “stamped” either this form or another form verifying immunization requirements?
- _____ 8. Is there an authorized health professional’s signature in place?

So, how did you do? Please remember that if your immunization information is incomplete or inaccurate, UCF registration may be delayed or even blocked.

Send or FAX the one page Mandatory Immunization Form (with any attachment) as soon as possible, preferably three (3) weeks prior to your scheduled orientation session to:

UCF Health Services
Attn: HIM Department
P.O. Box 163333
4000 Central Florida Blvd.
Orlando, FL 32816-3333

Phone (407) 823-3707
FAX (407) 823-3135