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.

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."
Services
Section C:

• Information about Hepatitis B disease and vaccines, please guard
  ium must sign the waiver for you. Signing the waiver indicates
  possible risk involved in receiving this immunization. If you are
  the vaccine is usually administered as a three-dose series on a 0-,
  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 af
*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.

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
**Mandatory Immunization Health History Form**

**Section A: Required Immunizations**

***NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED***

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

☐ 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.

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

<table>
<thead>
<tr>
<th>Td (Tetanus/Diphtheria)</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Titer Date &amp; Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND/OR Tdap (Tetanus/Diphtheria/Pertussis)</td>
<td>DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>History of Disease:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV (Gardasil)</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (last date)</td>
<td>DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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 Rubella) 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).

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 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.

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.