

**Immunization Form for Externs**

UNIVERSITY OF FLORIDA \*\* COLLEGE OF MEDICINE  
REQUIRED HEALTH RECORD FOR EXTERNS  
(Please Print Legibly)

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Required)

The measles/rubella immunization is a REQUIREMENT mandated by the Florida Board of Regents. Until proof of immunizations is provided, you will be INELIGIBLE TO TAKE AN ELECTIVE AT THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE.

Section I

All students must answer the following questions to determine his/her immunization status in order to meet the requirement. If any answer is "YES", follow the instructions at the right. If all answers are "NO", proceed to Section II, If "YES", then:

Age 40 or over? \_\_\_\_\_ no \_\_\_\_\_ yes Immunization NOT Required.  
Born before January 1, 1957? \_\_\_\_\_ no \_\_\_\_\_ yes Rubella ONLY Required.  
Had Confirmed Measles or Rubella? \_\_\_\_\_ no \_\_\_\_\_ yes Provide Certificate from Physician.  
Had a Blood Test Proving Immunity ? \_\_\_\_\_ no \_\_\_\_\_ yes Provide Documentation from Physician.  
Test \_\_\_\_\_ Titer \_\_\_\_\_ Date \_\_\_\_\_  
Test \_\_\_\_\_ Titer \_\_\_\_\_ Date \_\_\_\_\_

Section II

REQUIRED IMMUNIZATIONS PRIOR TO ELECTIVE(S): MONTH/DAY/YEAR

Measles (1 dose at 12 months of age or older and in 1968 or later) \_\_\_\_\_

Measles Booster (2nd dose on month or more after 1st dose) \_\_\_\_\_

Rubella (1 dose at 12 months of age or older and in 1968 or later) \_\_\_\_\_

Hepatitis B Date Completed \_\_\_\_\_

TB Skin Test (within the past 6 months) - Date \_\_\_\_\_ Results \_\_\_\_\_

Varicella Titer (proof of immunity) - Date \_\_\_\_\_ Results \_\_\_\_\_  
(Please note - The University of Florida College of Medicine requires documentation of a positive Varicella titer (history of disease not accepted as verification).

Have you had Mumps? \_\_\_\_\_ yes \_\_\_\_\_ no

Required: TDap \_\_\_\_\_ - Date \_\_\_\_\_  
(Within 5 years of rotation)

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I have reviewed the records available and to the best of my knowledge the above named student has been adequately immunized against measles and rubella as required for registration by the Board of Regents, State University System of Florida.

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

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Date Clinic Name

THIS FORM MUST ACCOMPANY THE EXTERNSHIP APPLICATION.