

Mandatory Immunization Health History Form

◆HEALTH PROFESSIONS◆



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. Three dose series are required. You must get the first dose prior to start of classes.

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. May have TD but must have at least one instance of Pertussis.

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. **All titers must include the lab report.**

6. TUBERCULOSIS SCREENING:

Required for All Students. Refer to the grid below to determine appropriate timeframe for TB Screening and type of testing required. 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 the lab report.

COLLEGE	PRIOR TO CLASS START	ACCEPTED TEST TYPE(S)
Dental	Within 12 months	TST (must complete 2-step) or IGRA
Medicine/DAT	Within 12 months	TST or IGRA
PA	Within 12 months	TST (must complete 2-step) or IGRA
Nursing	Within 12 months	TST or IGRA
Pharmacy	Within 12 months	TST or IGRA
PHHP	Within 12 months	TST or IGRA

Additional vaccines or screenings may be required after matriculation for participation in clinical residency or rotations.

Basic Instructions:

- DO NOT WAIT!** Review your [Student Self-Service Portal](#) and submit missing documents at least three (3) weeks prior to orientation or 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.
- Enter vaccine dates and upload form through [Student Self-Service Portal](#)
- 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.

Contact Us:

UF Health Compliance Office

Email: healthcompliance@shcc.ufl.edu

Phone: 352-294-2925

Fax: 352-392-0938

Mail: P.O. Box 117500 Gainesville, FL 32601-7500

****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: _____



**Health Professions
Immunization Form**

REQUIRED – UFID NUMBER (8 digits):

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Name: _____ Date of Birth: _____ Phone: _____

Health Profession (check one): Dental DAT Medicine PA Nursing Pharmacy PPHP

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result <u>(Must include lab report)</u>
1. MMR (Measles, Mumps, Rubella) (2 doses after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis B				
3. MCV4 (Menactra/Menveo) (must be from 2005 or later)			--NOT APPLICABLE--	--NOT APPLICABLE--

I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.

Student Signature _____

Date _____

4. <input type="checkbox"/> Td and/or <input type="checkbox"/> Tdap (Adacel/Boostrix) (Must have one instance of pertussis)			--NOT APPLICABLE--	--NOT APPLICABLE--
5. Varicella (Varivax)			--NOT APPLICABLE--	

6. 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
OR Interferon-based Assay (QFT or T-SPOT)		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	

SECTION B: Optional Immunization

COVID-19	Vaccine	Date	Result	Notes
	Moderna			
	Pfizer			
	J&J			

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