

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 the UCF Immunization form. If you have the form, attach it to a completed UCF Immunization form available on the UCF website and mail it to UCF Health Services, Attn: HIM Department, 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 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.”

MANDATORY IMMUNIZATION

Complete and send this form to the address specified below prior to the class registration deadline. **Completion of items A, B, C & E is required** to comply with the Florida Statute 1006.69 and the Florida Admin Rule 6C-6.001(5). **Completion of item D is recommended.** This form is also available via the UCF Health Services website at: http://www.hs.sdes.ucf.edu/forms/hc/Immunization_Form.pdf

Name _____ Last _____ First _____ Initial _____ Male Female

Date of Birth: _____ Social Security #: _____ - ____ - ____ For which Term/ Year are you applying?

Phone: (_____) _____ UCF PID#: _____

Spring
Summer Year _____
Fall

Date of UCF Orientation: ____ / ____ / ____

Carefully read instructions before completing form. Registration at UCF will be blocked until document is received and accepted.

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

MMR Combined (Measles, Mumps and Rubella): Two doses required

1st dose received after 12 months of age in 1971 or later
Month Day Year

2nd dose received 28 days or more after the 1st dose
Month Day Year

(OR)

MEASLES (Rubeola): Two doses required

1st dose received after 12 months of age in 1968 or later
Month Day Year

2nd dose received 28 days or more after the 1st dose
Month Day Year

OR

Positive Blood IGG Titer (**Lab results MUST be attached.**)
Month Day Year

(AND)

RUBELLA (German Measles): One dose required

Received after 12 months of age in 1969 or later
Month Day Year

OR

Positive Blood IGG Titer (**Lab results MUST be attached.**)
Month Day Year

B. Immunizations or Waivers required for ALL Students Entering UCF

Meningitis Vaccine AND Booster IF 1st dose before 16 years of age **Meningitis Vaccine Booster**

Month Day Year Month Day Year Month Day Year

Hepatitis B Vaccine: Three doses required

Month Day Year Month Day Year Month Day Year

OR

Positive HepB surface antibody (**Lab results MUST be attached.**)
Month Day Year

(OR)

Waivers for Meningitis and Hepatitis B

_____ I have read the information provided and I decline the vaccine for Meningococcal Meningitis.
(initial) _____ Date: _____

SIGNATURE

_____ I have read the information provided and I decline the series of vaccine shots to protect for Hepatitis B.
(initial) _____ Date: _____

SIGNATURE

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 accepted.

_____ Name of Public Health Clinic or Physician (Facility Stamp) _____ Physician or Authorized Signature _____ Date _____

D. PLEASE CHECK IF:

1. You have Type 1 (Insulin Dependent) DIABETES MELLITUS. YES NO
2. You would like UCF Health Services to email you about their Type 1 (Insulin Dependent) Program. YES NO

E. 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, 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 or Guardian: _____ Date: _____

Send or fax form as soon as possible prior to your scheduled orientation session TO:

UCF Health Services, Health Information Department, University of Central Florida
4000 Central Florida Blvd., Orlando FL 32816-3333 OR Fax: (407) 823-3135
Phone: (407) 823-3707 and (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 UCF ID number or Social Security 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) The first dose 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 28 days after the first dose as per CDC guidelines.

~~OR~~

1. **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 28 days after the first dose.

~And~

2. **Rubella (German Measles):** One dose is required at 12 months of age or later and in 1969 or later.

Section B: You must either have the vaccines or sign a waiver stating you have read about these diseases and decline the vaccines.

(1): **Menomune/Menactra or Menveo (Meningococcal meningitis vaccines):** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshman planning to live in campus dormitories/residence halls. The ACIP also recommends a booster dose of meningococcal vaccine for students who received their primary dose before the age of 16 years. 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. Three 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. 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/>

(2): **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. The vaccine is usually administered as a three-dose series on a 0-, 1-, and 6-month schedule. The 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 after the first one.

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

Section D: Identify if you have Type (1) Diabetes and whether or not you are interested in participating in the UCF Health Services program to help students with Type (1) Diabetes.

Section E: 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 Health Center's 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 or UCF ID numbers?
- _____ 3. Have I listed dates for: Either two MMR vaccinations **OR** two Measles and one Rubella?
- _____ 4. Have I been immunized for Meningococcal disease, if yes, was the vaccine given to me after the age of 16? if not, have I received a Meningococcal booster? **OR** have I signed the waiver that I decline the vaccine?
- _____ 5. Have I completed or at least started the Hepatitis B series **OR** signed the waiver to decline this vaccine?
- _____ 6. If I am presently under the age of 18, did my parent or guardian sign the waivers referred to in section B **AND** the consent for medical treatment in section E, on the immunization form?
- _____ 7. Has my doctor’s office or the health department officially “stamped” the immunization 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.

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

UCF Health Services- HIM Department
4000 Central Florida Blvd
Orlando, FL 32816-3333

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