

# Important! Do Not Delay!

The Immunizations Health History Form is REQUIRED prior to Class Registration at UCF

Health Information Management Department

University of Central Florida 4098 Libra Drive, Orlando FL 32816-3333

PHONE: 407.823.3707 or 407.823.2119

[www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

1. UCF will accept official state immunization forms, 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 immunization form is available on the UCF Student Health Services website along with the link you will need to upload your documents at [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations).
2. The Advisory Committee on Immunization Practices (ACIP) has recommended that persons 16-23 years of age 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." **Please note: All students regardless of age must either submit proof of having received this vaccine after the age of 16 or sign the waiver.**
3. Except where noted, students enrolled in strictly online only programs are not required to submit proof of immunizations; however, all students must submit the Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B.

Please refer to page 4 for more information and instructions.

4. Active duty military and veterans may complete the waiver section of the immunization form if documentation of immunizations is unavailable at the time of registration. Proof of military service is required (DD 214 or military ID card). **Please note: This policy does not apply to dependents.**

Please refer to page 4 for more information and instructions.

***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**

**Section A: Required 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 30 days after the first dose as per CDC guidelines.

**\*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.

**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.

\* Twinrix (Hepatitis A/B) series may be used as a substitute for the Hepatitis B series.

**3. Meningococcal meningitis vaccines:** The Advisory Committee on Immunization Practices (ACIP) currently recommends these vaccines for persons 16-23 years of age. 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 an 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. FDA approved vaccines are currently available that decrease a person's risk of acquiring meningococcal meningitis. There are (5) different serotypes (A, B, C, Y and W-135). Two conjugate vaccines (MCV4) offer protection against serotypes (A, C, Y and W-135), and two vaccines cover the B strain of the bacteria. For more specific information about meningococcal meningitis and college student risks, please visit UCF Student Health Services website: [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

**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 Student Health Services website: [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

**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: [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)**

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## Students Requiring Waivers Only

If you have previously submitted immunization requirements and have been notified by the UCF Immunization Department that you only need to submit the health form and necessary waivers, you may electronically sign the waivers on the health form and submit it on our website at [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations).

This also applies to students enrolled in strictly online programs or those who are active duty or veterans.

## UCF Online Only Students

Except where noted, students enrolled in solely online programs are not required to submit proof of immunizations; however, all students must submit the UCF Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B.

The waivers include signing and dating the statement below Section A. This does not apply to students whose program offers on-campus courses but choose to complete the degree online without being admitted into the UCF Online Program. If you are unsure if this applies to you, please contact the UCF Online Program at 855-903-8576 or [www.ucf.edu/online/](http://www.ucf.edu/online/).

## UCF Active Duty Military and Veteran Exception

Active duty military and veterans may complete the waiver section of the immunization form if documentation of immunizations is unavailable at the time of registration. Proof of military service is required (DD 214 or military ID card); however, all students must submit the Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B. The waivers include signing and dating the statement below Section A. This policy does not apply to dependents (spouses, children, etc.).

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# Mandatory Immunization Health History Form

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ UCFID: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

## Section A: Required Immunizations

Required for all students born after 12/31/1956	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
1. MMR (2 doses after 1st birthday & at least 30 days apart in 1971 or later)			DO NOT WRITE HERE	Please attach lab report
OR Measles (two doses required given in 1968 or later)			DO NOT WRITE HERE	Please attach lab report
Rubella (one dose required given in 1969 or later)			DO NOT WRITE HERE	Please attach lab report
2. Hepatitis B (OR sign waiver below)				Please attach lab report
3. Meningococcal Meningitis Vaccine/MCV4: (Menactra/Menveo) (must be given after the age of 16 OR sign waiver below)		Booster needed if 1 <sup>st</sup> dose is given before the age of 16		DO NOT WRITE HERE

**WAIVER: I have read the information provided about Hepatitis B and Meningococcal Meningitis/MCV4. By signing below, I acknowledge I am declining both which are highly recommended, but not required.**

\_\_\_\_\_  
 Signature of student                      Date                      OR                      Signature of parent/guardian if student under 18                      Relationship to student                      Date

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

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
Td (Tetanus/Diphtheria)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
AND/OR Tdap (Tetanus/Diphtheria/Pertussis)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
Varicella (Chicken Pox)			History of Disease:	
Hepatitis A			DO NOT WRITE HERE	DO NOT WRITE HERE
HPV (Gardasil)				DO NOT WRITE HERE
Polio (last date)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
Meningococcal B Serogroup: (Bexsero/Trumenba)				

**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