

# Important! Do Not Delay!

**The UCF Mandatory Immunization 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

**Please read this entire document carefully as incorrect form  
submissions may result in delays!**

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 Mandatory Immunization Health History 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 <https://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 UCF Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B.  
[Click here to jump to the UCF Online section \(page 4\) 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.**  
[Click here to jump to the form on page 5 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 7-digit UCF ID number**

COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you. While there is no federal or state mandate to receive the COVID-19 vaccine, all eligible individuals are strongly encouraged to get vaccinated as soon as they are able. In addition to protecting each recipient against infection, it is essential that a large enough percent of the population receives the vaccine in order to achieve "herd immunity" to prevent continued spread of the virus causing COVID-19. We must each play our part in this process, as we have in the past with vaccines to eliminate the threat of polio, measles and other viral infections. None of the COVID-19 vaccines currently being administered in the U.S. use the live virus that causes COVID-19. The goal of vaccination is to teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building immunity.

Pfizer offers 2 doses for those 12 years and older given 21 days apart with a booster after six months. Moderna offers 2 doses 28 days apart. Johnson and Johnson offers 1 dose for those 18 and older.

**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.

**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 at:

<https://studenthealth.ucf.edu/immunizations>.

**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: <https://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: <https://studenthealth.ucf.edu/immunizations>.

Health Information Management Department

University of Central Florida

4098 Libra Drive, Orlando FL 32816-3333

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https://studenthealth.ucf.edu/immunizations



Mandatory Immunization Health History Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UCF ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Section A: Required Immunizations

Table with 5 columns: Immunization Name, Month/Day/Year, Month/Day/Year, Month/Day/Year, Titer Date & Result. Rows include MMR, Measles, Rubella, Hepatitis B, and Meningococcal Meningitis/PCV4.

WAIVER: I have read the information provided about Hepatitis B and Meningococcal Meningitis/PCV4. By signing below, I acknowledge I am declining both, which are highly recommended, but not required.

OR

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

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

Table with 5 columns: Immunization Name, Month/Day/Year, Month/Day/Year, Month/Day/Year, Titer Date & Result. Rows include Td, AND/OR Tdap, Varicella, Hepatitis A, HPV, Polio, Meningococcal B Serogroup, and Covid-19.

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 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 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.

Signature of parent/guardian

Relationship to student

Date

# UCF Online Students

Except where noted, UCF Online students are not required to submit proof of immunizations. However, UCF Online students must still submit the UCF Mandatory Immunization Health History form, along with the completed waivers for Meningitis and Hepatitis B.

NOTE: This option does not apply to students who simply chose to take online courses. Rather, this is an option available for UCF Online students only! UCF Online is a specific program at UCF designed for fully online students with no option to take classes on campus. **Students are admitted into UCF Online at the time of application.** If you did not admit into the UCF Online program, please return to the start of this form, and complete ALL required immunization procedures!

If you are unsure if this applies to you, please immediately contact a UCF Online Success Coach at 855-903-8576 or visit [www.ucf.edu/online/](http://www.ucf.edu/online/).

As a UCF Online student, you are only required to complete the UCF Mandatory Health History form. Please follow these TWO steps below to complete your required submission.

## 1. Access the form, and complete Section A:

- a. Complete the form provided (page 3). This is a fillable/editable PDF form. You can either type on it and save to your computer, or you can print, fill it out by hand, and then scan (or take a photo).

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http://www.studenthealth.ucf.edu/immunizations

**Mandatory Immunization Health History Form**

Name: \_\_\_\_\_ UCF ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Orientation Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Section A: Required Immunizations**

Immunization	Month/Day/Year	Month/Day/Year	Month/Day/Year	Year, Date & Result
1. MMR (2 doses also for children 12-23/17/22/28 years or 10/17 or later)				DO NOT WRITE HERE Please attach to report
ORV (Measles (2nd dose required given in 1000 or later))				DO NOT WRITE HERE Rotate Clockwise
2. Hepatitis B (3 OR age 18 or later before)				DO NOT WRITE HERE Rotate Counterclockwise
3. Meningococcal Meningitis Vaccine (MCV4 (Menactra Mosaic)) (must be given after the age of 16 OR age 18 or later before)			booster needed if 1 <sup>st</sup> dose is given before the age of 16	DO NOT WRITE HERE

WAVER: 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 \_\_\_\_\_

**Sign Here** (red arrow pointing to signature line)

**Complete this Section** (red arrow pointing to Section A)

**EXAMPLE** (diagonal watermark)

## 2. Submit your completed “Section A” form to Med+Proctor

- a. Go to: <https://studenthealth.ucf.edu/immunizations/>
- b. Click the “Register for Med+Proctor Account” button. 
- i. You will use your UCF NID and password. This ID contains 2 letters and 6 numbers. If you do not know your UCF NID, please visit my.ucf.edu and click on “What is my NID?” underneath the sign in button. You can click “Password Reset” if you do not know your password.
- c. Submit your form
  - i. Please allow up to 72 hours for Med+Proctor to confirm via your email on file that your information has been verified for your hold to be released.

# 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.).

As active-duty military or veteran, you are only required to complete the UCF Mandatory Health History form. Please follow these TWO steps below to complete your required submission.

## 1. Access the form, and complete Section A:

- Complete the form (page 3). This is a fillable/editable PDF form. You can either type on it and save to your computer, or you can print, fill it out by hand, and then scan (or take a photo).

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http://www.studenthealth.ucf.edu/immunizations

**Mandatory Immunization Health History Form**

Name: \_\_\_\_\_ UCF ID#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Orientation Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Section A: Required Immunizations**


Required for all students (see table 12/31/2024)	Month/Year	Month/Year	Month/Year	Year/Date & Result
1. MMR (2 doses after 1st birthday & at least 30 days apart as of 1/1/2005)				DO NOT WRITE HERE Please attach lab report
OR: MMR2 (two doses required given at 1800 or later)				DO NOT WRITE HERE Rotate Clockwise
MMR2 (one dose required given at 1800 or later)				DO NOT WRITE HERE Rotate Counterclockwise
2. Hepatitis B (OR age waiver below)				DO NOT WRITE HERE
3. Meningococcal Meningitis Vaccine/MCV4 (Meningitis Vaccine)			booster needed if 17 done to given before the age of 16	DO NOT WRITE HERE

WAVES: 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 parent \_\_\_\_\_ OR Signature of parent/guardian if resident under 18 \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Sign Here** **Complete this Section** **EXAMPLE**

## 2. Submit your completed “Section A” form to Med+Proctor

- Go to: <https://studenthealth.ucf.edu/immunizations/>
- Click the “Register for Med+Proctor Account” button. 
- You will use your UCF NID and password. This ID contains 2 letters and 6 numbers. If you do not know your UCF NID, please visit my.ucf.edu and click on “What is my NID?” underneath the sign in button. You can click “Password Reset” if you do not know your password.
- Submit your form
  - Please allow up to 72 hours for Med+Proctor to confirm via your email on file that your information has been verified for your hold to be released.