

Health Information Management Department  
University of Central Florida

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PHONE: 407.823.2701 (opt. 4)  
<https://studenthealth.ucf.edu/immunizations>



# MANDATORY IMMUNIZATION HEALTH HISTORY FORM

NAME \_\_\_\_\_

DOB \_\_\_\_\_ UCF ID \_\_\_\_\_

PHONE # \_\_\_\_\_

## 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. <b>MMR</b> (2 doses after 1 <sup>st</sup> birthday & at least 30 days apart in 1971 or later)			DO NOT WRITE HERE	Please attach lab report
-or- <b>Measles</b> (2 doses given in 1968 or later)			DO NOT WRITE HERE	Please attach lab report
<b>Rubella</b> (1 dose given in 1969 or later)			DO NOT WRITE HERE	Please attach lab report
2. <b>Hepatitis B</b> (-or- sign the waiver below)				Please attach lab report
3. <b>Meningococcal Meningitis/MCV 4:</b> Must be given after the age of 16. (-or- sign the 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/or Meningococcal Meningitis/MCV4. By signing below, I acknowledge I understand the risks involved but elect not to receive the vaccine (s).

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)

	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				DO NOT WRITE HERE
Polio		DO NOT WRITE HERE	DO NOT WRITE HERE	DO NOT WRITE HERE
Meningococcal B Serogroup				
Covid-19				DO NOT WRITE HERE

**An official stamp from your healthcare provider AND an authorized signature is required unless you have official documentation to accompany this form.**

Official Stamp Here	_____ Physician or Authorized Signature	_____ Date
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**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: \_\_\_\_\_

## Section D: **MEDICAL CONSENT IF UNDER 18 YEARS OLD**

I HEREBY AUTHORIZE the UCF Student Health Services and Counseling and Psychological Services to employ diagnostic procedures and to render treatment if 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 provider, and for my student to sign any necessary consents.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date

## SUBMIT COMPLETED FORM ONLINE TO MED+PROCTOR

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

*Per Florida Board of Governors regulation 6.001 (9), "prior to registration, each student accepted for admission must submit a signed medical history form, including documentation of appropriate immunization as required by each university".*

*The Advisory Committee of Immunization Practices (ACIP) has recommended that persons 16 – 23 years of age receive vaccinations for meningococcal meningitis. By action of Florida State University System Board of Governors, this recommendation is supported with UCF 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".*

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:

### **Section A: REQUIRED VACCINES** - for students born after 12/31/1956.

(To be completed by a medical facility, clinic, pharmacy, or health department).

- TWO (2) doses of measles and ONE (1) dose of rubella given *AFTER* the first birthday with the 2<sup>nd</sup> dose given at least 30 days after the first dose (commonly given as a combined vaccine called the "MMR") **OR** Laboratory (serologic) evidence of measles and rubella immunity (IgG)
- THREE (3) doses of Hepatitis B vaccine series (or 2-dose series) **OR** a signed waiver (under section A). If you are under 18, your parent/legal guardian will have to sign and date the waiver.
- ONE (1) dose of Meningococcal Meningitis (A,C,W,Y) vaccine *AFTER* the age of 16 **OR** a signed waiver (under section A). If you are under 18, your parent/legal guardian will have to sign and date the waiver.

**Section B: RECOMMENDED VACCINES** (To be completed by a medical facility, clinic, pharmacy, or health department). Your physician may provide this information; however, it is not required.

### **Section C: TYPE 1 DIABETES**

If you would like to receive the information about this support group at UCF, please provide your UCF student email.

### **Section D: MEDICAL CONSENT IF UNDER 18 YEARS OLD**

A physical (in ink) parent or guardian signature is required to authorize UCF Student Health Services provide treatment if deemed necessary to the health and well-being of the student.

**We accept supporting documentation accompanied with the UCF Immunization Health History form (no doctor's signature and stamp needed in this case).**

If you have a vaccine record with your name on it and the vaccines meet the requirements, we can accept this as proof. For example, a child vaccination card, record from a school, physician's office or state health department.

**For exemption options and information on measles, rubella, hepatitis B and meningococcal meningitis, please refer to our website**

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