



**STUDENT HEALTH SERVICES  
MEDICAL COMPLIANCE  
IMMUNIZATION FORM**

**IMPORTANT:** COMPLETION OF THIS FORM IS NECESSARY TO COMPLY WITH FLORIDA BOARD OF REGULATION CODE 6.001(9) AND 6.007. YOUR REGISTRATION IS DEPENDENT ON COMPLETION OF THIS FORM IN ITS ENTIRETY.

N Student ID (Required) EMAIL (Personal)

Last Name First Name MI

Street Address

City State Zip Code

Phone Number Birthday (mo/day/yr) Sex

Student Signature (Required) Print Name Date

For which term are you applying? **SPRING SUMMER FALL YEAR:** \_\_\_\_\_

Do you have any significant, on going problems or concerns of which you want Student Health Services to be aware? **YES NO (Please Circle)** If yes, please attach your concerns \_\_\_\_\_

If you wish to receive care for the above problem(s) at UNF Student Health Services, it is your responsibility to provide copies of pertinent medical records as necessary. A complete health history will be obtained at the time of your visit.

**My son/daughter is under the age of 18 and I give Student Health Services permission to provide medical/health care and treatment. I am aware that I will also receive a phone call before treatment is rendered.**

Parent/Guardian Signature Print Name Date

**IMPORTANT CHECKLIST:**

- \_\_\_\_\_ All information is COMPLETE and LEGIBLE
- \_\_\_\_\_ I have signed the waiver statements (IF APPLICABLE OR I AM UNSURE OF MY HISTORY)
- \_\_\_\_\_ I am attaching my official immunization records from a school, health department, military record or doctor's office. (MUST have verifiable address or office stamp)

**(OR)**

\_\_\_\_\_ My healthcare provider has SIGNED and STAMPED my form

**\*\*It is not necessary to have a Physician sign and stamp your form if you have OFFICIAL DOCUMENTATION to accompany the form\*\***

**To upload this form; log into your MyWings account, select Banner STUDENT Self-Service, and then click on Upload Student Documents.**

For more information, please visit the Medical Compliance website @ <http://www.unf.edu/shs/immunization.aspx>

**#1A— Combined (Measles, Mumps, Rubella): 2 doses MMR REQUIRED**

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2nd dose received 30 days or more after the 1st dose.  
Month Day Year

**(OR)**

**#1B—Measles Titer**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Positive Blood IGG Titer **(LAB results MUST be attached)**)  
Month Day Year

**AND**

**Rubella Titer**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Positive Blood IGG Titer **(LAB results MUST be attached)**)  
Month Day Year

**#2 — Meningitis Vaccine Confirmation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**(OR)**

Waiver of Liability: I acknowledge receipt and review of University supplied information regarding Meningitis. I understand the risks involved, but elect not to receive the Meningitis vaccine.

Signature of Student (or parent/legal guardian, if under 18 years) Date

**#3 — Hepatitis B Vaccine Confirmation Dates: 1st dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

2nd dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, 3rd dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(OR)**

Waiver of Liability: I acknowledge receipt and review of University supplied information regarding Hepatitis B. I understand the risks involved, but elect not to receive the vaccine.

Signature of Student (or parent/legal guardian, if under 18 years) Date

**OFFICE STAMP MANDATORY**

Physician/Nurse SIGNATURE

DATE

(Please allow 2 business days to process all paperwork. Refer to your MyWings account to check hold status.) Rev. 6/18



# STUDENT HEALTH SERVICES

## MEDICAL COMPLIANCE

### IMMUNIZATION POLICY

#### IMMUNIZATION POLICY

To comply with Florida Administrative code 6.001 (9) all students prior to registration, must submit a UNF Immunization Form. All students born after 1956 must submit documented proof of immunity to Measles and Rubella. To comply with Florida statute 6.007, all new matriculating students must submit documentation of vaccination against Hepatitis B and meningococcal Meningitis or sign a waiver for each vaccine. Acceptable documentation is as follows:

**MENINGOCOCCAL MENINGITIS** is an infection of the fluid of the spinal cord and brain, caused by bacteria and usually spread through the exchange of respiratory and throat secretions (i.e. coughing ; kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability or even death. A vaccine is currently available for one of the most severe forms of bacterial meningitis, meningococcus. This vaccine effectively provides immunity for most forms of meningococcus; there is no vaccine for the less severe viral type meningitis.

**HEPATITIS B** is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. Hepatitis B vaccine can provide immunity against hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercings; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

**MEASLES (Rubeola):** Students can be considered compliant for Measles only if they have documentation of one of the following:

1. Official documentation of immunization with **TWO (2)** doses of live Measles virus vaccine **on or after the first birthday** and at least 28 days apart. Persons vaccinated with killed or unknown vaccine prior to 1968 must be revaccinated.
2. Laboratory (serologic) evidence of measles immunity titer.
3. A written, dated statement signed by a physician on his/her stationery, that specifies the date seen and stating that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and in the physician's opinion, is diagnosed to have the ten-day measles (Rubeola).

**MEASLES** is highly contagious acute viral infection characterized by a rash, cough, runny nose, eye irritation and fever. It is extremely communicable and is spread by droplets from the nose and mouth of an infected person to susceptible individuals. Measles can lead to ear infection, pneumonia, seizures, brain damage or even death. In recent years in the U.S. outbreaks have occurred most commonly in adolescents and young adults, including college students. Receiving two doses of the live measles vaccine can provide long-lasting immunity titer.

**RUBELLA (German Measles):** Students can be considered compliant for Rubella only if they have documentation of a least one of the following:

1. Documentation of immunization with live Rubella virus vaccine **on or after the first birthday**.
2. Laboratory (serologic) evidence of rubella immunity titer.

**RUBELLA** is a contagious viral infection that causes a rash, mild fever and stiff joints in adults. A woman who gets rubella while pregnant could have a miscarriage or her baby could be born with serious birth defects. Its incidence is low in the U.S. due to the increased number of childhood vaccinations against the disease; however, outbreaks continue to occur in susceptible populations, including college students. The vaccination for rubella produces antibodies in over 95% of recipients.

**MUMPS** is an acute viral infection characterized by muscle ache, tiredness, loss of appetite, headache and fever, followed by swelling of salivary glands. The parotid salivary glands (which are located within your cheek, near your jaw line, below your ears) are most frequently affected. Transmission of mumps virus occurs by direct contact with respiratory droplets, saliva or contact with contaminated fomites. Complications of mumps infection can include deafness, inflammation of the testicles, ovaries, or breasts, and spontaneous abortion. In recent years in the U.S., the majority of cases reported occurred among adolescents and young adults, including college students.

#### EXEMPTIONS

- \* Medical exemptions must be submitted by the attending physician and include a reason for the exemption.
- \* Religious exemptions must submit a letter
- \* In the event of a Measles/Rubella emergency, exempted students will be excluded from all campus activities, until such time as is specified by the County Health Department.