

Mandatory Immunization Health History Form

❖ VETERINARY MEDICINE ❖

Section A: Required Immunizations Information

Please note: All titers must include a lab report

1. MMR / MEASLES, MUMPS, RUBELLA VACCINE:

Required for everyone born after Dec. 31, 1956. Two doses are required. You must have received on or after 12 months of age AND in 1971 or later. The second dose must have been received at least 30 days after the first dose. OR Provide lab evidence of immunity by doing a blood test to check for antibodies for Measles, Mumps and Rubella. If you do a blood test, you need to provide the results on a lab form that should be faxed or mailed with the completed Mandatory Immunization Health History Form.

2. TD or/and TDAP VACCINE:

Td (Tetanus/Diphtheria) or/and Tdap (Tetanus/Diphtheria/Pertussis): Tdap = Adacel/Boostrix. Booster shot within last 10 years.

3. RABIES:

Completed Rabies Immunization Series, Positive Titer, or Booster within the last 2 years (Note: if you had the lab done, attach a copy of lab report). If getting vaccine, must get the first dose prior to start of classes.

4. HEPATITIS B VACCINE:

Students are required to receive this vaccination **OR** read the CDC's Vaccine Information Statement and sign where indicated on the Form to decline. Read the VIS here: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>.

5. MCV4 (MENACTRA/MENVEO) / MENINGOCOCCAL MENINGITIS VACCINE:

The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshmen planning to live in campus dormitories/residence halls. Students are required to receive this vaccination **OR** read the CDC's Vaccine Information Statement and sign where indicated on the Form to decline. Read the VIS here: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>. Signing the waiver indicates you understand the possible risk in not receiving this vaccine.

6. TUBERCULOSIS SCREENING:

Required ONLY for International Students in their first year at UF. If you are just entering UF and are an International Student, then you should have a negative tuberculosis screening completed within 12 months of matriculation, if no prior positive test. If past or newly positive test please include documentation of positive test **and** chest x-ray.

- **FOR TST (Mantoux):** The result of the TST needs to be recorded in mm in the space provided on the form and whether considered negative or positive.
- **For Interferon-based Assay, IGRA, (QFT or Tspot):** Recommended. You must submit a copy of the lab report along with this form.

Basic Instructions:

- DO NOT WAIT!** Submit documents prior to orientation or registration. Late, incomplete or inaccurate information will prevent course registration.
- Include UFID on all correspondence. Print all student information legibly (name, phone, etc.).
- Keep a copy for your records.
- Check UF account to see if the immunization checklist has been cleared: one.uf.edu.** Health Compliance does not send confirmation that an individual form has been received.

How to Submit:

- ****EMAIL:**
healthcompliance@shcc.ufl.edu
- **FAX:**
(352) 392-0938
Please do not include a cover sheet or other pages that are not required.
- **MAIL:**
UF Student Health Care Center,
Health Compliance Office
P.O. Box 117500,
Gainesville, FL 32611-7500

****Please note:** Email sent over the Internet is not necessarily secure. Please be aware that the University of Florida (UF) Health Compliance Office and the UF Student Health Care Center (SHCC) cannot guarantee the confidentiality or security of any information sent over the Internet when using email. UF and/or the SHCC shall not be liable for any breach of confidentiality resulting from such use of email via the Internet.

OFFICE USE ONLY

MRN: _____



**Veterinary Medicine
Immunization Form**

REQUIRED – UFID NUMBER (8 digits):

□	□	□	□	-	□	□	□	□
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Name: _____ Date of Birth: _____ Phone: _____

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 12 months of age)			--NOT APPLICABLE--	
2. Td or Tdap (Adacel/Boostrix)		--NOT APPLICABLE--		--NOT APPLICABLE--
3. Rabies (Either 3 shots or a positive titer or booster within last 2 years)				
4. Hepatitis B				

I have read the information about Hepatitis B and decline receipt of this vaccine.

Student Signature

Date

5. MCV4 (Menactra/Menveo)

--NOT APPLICABLE--

--NOT APPLICABLE--

I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.

Student Signature

Date

6. Tuberculosis Screening: (see instructions on p.1 – Required for international students or prior to clinic rotation)

	#1	Date Placed	Date Read	MM	Result: Neg Pos
TB Skin Test by TST (Mantoux)	#1	Date Placed	Date Read	MM	Result: Neg Pos
	#2	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result		Submit copy of lab report	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result		Submit copy of chest x-ray report	
7. *Varicella (Varivax) (Recommended not Required)				--NOT APPLICABLE--	

Important! Make a copy of this page and all lab reports to keep for your records.

An official stamp from a doctor's office, clinic or health department AND an authorized signature must appear here or this form will not be approved.

_____ Official Office Stamp Here	_____ Physician or Authorized Signature	_____ Date
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