

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 AND in 1990 later. **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 lab report.

2. 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>. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline this vaccine, a parent must sign for you.

3. MCV4 (MENACTRA/MENVEO) / MENINGOCOCCAL MENINGITIS 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/mening.html>. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under 18 and wish to decline this vaccine, a parent must sign for you.

4. TD and/or TDAP Vaccine

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

5. *VARICELLA (CHICKENPOX):

This vaccine is recommended but not required for Vet Med students. Provide proof of two doses of Varivax **OR** provide results of a blood test on a lab form verifying immunity to Chickenpox/Varicella. Please note that all titers must include a lab report.

6. RABIES:

Initial 2 doses (one on day 0 and one on day 7) of rabies vaccine series. If the initial doses were given 3 or more years ago, then you are also required to provide **one** of the following:

- A positive rabies titer at least 1 year after the 1st rabies dose (provide lab report)
- A 3rd rabies vaccine done between 3 weeks to 3 years of the 1st dose

7. TUBERCULOSIS SCREENING:

Only required for International Students: History of BCG vaccination **does not** satisfy the TB screening requirement. Must have completing testing within the 12 months prior to starting classes. If either screening is returned positive, then you must get a chest x-ray and submit a copy of the report.

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

Basic Instructions:

- DO NOT WAIT!** Review your [Student Self-Service Portal](#) and submit missing documents at least three (3) weeks prior to orientation or registration.
- Include the student's UFID on all correspondence. Print all student information legibly (name, phone, etc.).
- Keep a copy for your records.
- Enter vaccine dates and upload form through [Student Self-Service Portal](#)
- 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.

Contact Us:

UF Health Compliance Office

Email: healthcompliance@shcc.ufl.edu

Phone: 352-294-2925

Fax: 352-392-0938

Mail: P.O. Box 117500 Gainesville, FL 32601-7500

****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: _____ First Term of Attendance: FALL SPRING SUMMER

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 after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis B				

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

Student Signature _____

Date _____

3. MCV4 (Menactra/Menveo)
(must be from 2005 or later)

--NOT APPLICABLE--

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

Student Signature _____

Date _____

4. Td or Tdap (Adacel/Boostrix)

--NOT APPLICABLE--

5. *Varicella (Varivax) (optional)

--NOT APPLICABLE--

6. Rabies (see instructions page: 2 initial doses required; include additional shots or titers if applicable)

7. Tuberculosis Test: **Required for International Students Only** Must be completed within the 12 months prior to start of classes.

TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QFT or T-SPOT)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

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