

# **Important!**

## **Do Not Delay!**

### **Immunization Form REQUIRED**

**For you to proceed  
With Class Registration  
At UF**

**Obtaining proof of immunizations may be  
a time-consuming process, so start now!  
Incomplete information may result in a  
delay or even a block on your  
Registration at UF.**

**Completion of the immunization form is one of the requirements for  
registration at the University of Florida..**  
**Failure to follow instructions may result in registration being delayed  
or even blocked.**

**Instructions/Guidelines: WPPD Mandatory Immunization Health History Form**  
**Updated August 2009 – New Requirements for ALL New Students**  
**Measles, Mumps, Rubella, and Tetanus/Diphtheria (Booster) &/or Tdap**

**Name/phone, etc.** Print all information. Specify Fall, Spring, Summer and Year you expect to enter or reenter UF.  
Provide your Social Security and assigned UF Student ID (identification) numbers.

**Section A 1-3, Measles, Mumps and Rubella immunizations. (See Section D. Item #9 for Mumps)**

**1. MMR:** The combination vaccine is often given because it protects from measles, mumps, and rubella. **TWO DOSES ARE REQUIRED FOR ENTRY INTO UF.** (1) One 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 AND in 1985 or later.**

**NOTE!!** Dates of doses will vary from the MMR combo vaccine in individual vaccines mentioned below because these products have changed throughout the years, necessitating different time frames for acceptable administration. We adhere to CDC (Centers for Disease Control and Prevention) guidelines. **Pay close attention to and comply with the dates given for each type of vaccine. They are not negotiable!**

**AN ALTERNATIVE TO THE MMR IS TO HAVE THE FOLLOWING IMMUNIZATIONS:**

**2. Measles (Rubeola): TWO DOSES ARE REQUIRED.** (1) One 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 in 1985 or later.**

**3. Rubella (German measles): ONE DOSE IS REQUIRED.** One dose at **12 months of age or later AND in 1969 or later.** OR

**Complete and attach (IGG) TITER BLOOD LAB REPORT that shows the Ranges lab used and actual titer numbers. (See page 3 “Valid Exemptions”)**

**Section A 4, Menomune (Meningococcal Meningitis)**

**4. Menomune or Menactra. (Meningococcal Meningitis immunization):**

**Mandatory unless waiver is signed and statement is checked-off.** Students wishing to decline this vaccine must read the information provided below and sign & check-off statement. **Signing a waiver indicates that you understand the possible risk involved in not receiving this recommended immunization.**

**Waiver Statement-Meningococcal Meningitis:** College Students, especially freshman living in residence halls, are at a slightly 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. A vaccine is currently available that will decrease but, not completely eliminate a person's risk of acquiring meningococcal meningitis. This element of uncertainty remains because there are five (5) different serotypes (A, B, C, Y and W-135) and the current vaccine does not offer any protection from serotype B. The vaccine, Menomune, probably protects for 3-5 years, and is extremely safe to use. For more specific information about meningococcal meningitis and college student risks, please visit UF's SHCC Web site at: [www.health.ufl.edu/shcc/vaccinfo.htm](http://www.health.ufl.edu/shcc/vaccinfo.htm)

**Section A 5, Hepatitis B**

**The series of 3 vaccines must have been in 1986 or later.**

**5. Hepatitis B (HBV) immunization:** (Many students from Florida have already received this vaccine series to comply with requirements for admittance to 7<sup>th</sup> grade in the State of Florida.)

**Hepatitis B vaccine is mandatory for your acceptance into the Pharm. D. program.**

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 (3) 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 acquired. 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 vaccine, please visit UF's Student Health Care Center Web site at: [www.health.ufl.edu/shcc/vaccinfo.htm](http://www.health.ufl.edu/shcc/vaccinfo.htm)

**Section B, Immunizations Required for International Students and many Academic Health Programs:**

**6. Tuberculosis Skin Test (PPD by Mantoux, current within last year)**

**NOTE! If both the PPD and MMR are given, they must be more than 30 days apart, or on the same day for the PPD to be acceptable. THIS IS MANDATORY! YOU CANNOT AVOID THE PPD, EVEN IF**

**YOU HAVE A HISTORY OF PAST POSITIVE PPD'S. IF THIS IS THE CASE FOR YOU, YOU MAY PROVIDE A PAST POSITIVE PPD SKIN TEST ALONG WITH A MATCHING CHEST X-RAY REPORT FROM THE PAST POSITIVE PPD TEST. YOU WILL ALSO HAVE TO SUBMIT A CURRENT CHEST X-RAY REPORT. YOU CANNOT SUBMIT A CHEST X-RAY REPORT WITHOUT A PPD TEST.** PPDs must be read between 48-72 hours of when they were given. Indication of the result in mm must be recorded on this form. If the PPD is positive, **provide copy of chest x-ray report ---- not the films.**

### **Section C, Immunizations required for many Academic Health Programs**

7. **Chicken Pox (Varicella): History of disease or vaccine.** Indicate the date you had Varicella, **OR** provide proof of TWO DOSES of Varivax, **OR** provide results of an **IGG blood test (titer with lab ranges used)** indicating presence of protection. **This vaccine was not made available until June 1995.**

### **Section D, Recommended for good health (MUMPS IS MANDATORY)**

8. **Tetanus/Diphtheria booster shot** within the past 10 years. Space is provided to record this information.
9. **Mumps.** [The MMR includes this protection.] Space is provided to record this information. Must have One (1) MMR OR an IGG Blood Lab Report proving high immunity to Mumps. The MMR must have been in 1971 or later and at least one year after your 1<sup>st</sup> birthday.

**Section E, Use this space to provide the Official Stamp and signature from a clinic or physician's office, attesting to the fact that you have met the requirements or have provided them with copies of your records.**

#### **VALID EXEMPTIONS TO THE MEASLES, MUMPS AND RUBELLA REQUIREMENT:**

- **Medical exemption.** Must provide a letter from a physician, signed on his/her stationary, stating the *reason* for medical exemption and whether it is *temporary* or *permanent*. If temporary, until *when*?
- **Religious exemption.** Must provide Department of Health Religious Exemption Form DH 681.
- **TITER (IGG).** IF YOU THINK YOU HAVE HAD THE DISEASE OR HAVE BEEN IMMUNIZED BUT CANNOT OBTAIN PROOF, YOU CAN HAVE A BLOOD TEST BY A PRIVATE PHYSICIAN, CLINIC, OR LAB. THIS "IGG TITER" WILL SHOW WHETHER OR NOT YOU HAVE PRODUCED ANTIBODIES FOR THE DISEASE. ALLOW TWO (2) WEEKS FOR RESULTS TO ARRIVE. ATTACH A COPY OF LAB WORK TO THIS FORM WITH YOUR NAME, SS#, AND UF ID NUMBER (if available) CLEARLY INDICATED. **THE RESULTS SHOULD SHOW THE TITER PLUS REFERENCE RANGE, NOT JUST THE PRESENCE OF PROTECTION. IF INADEQUATE ANTIBODY PROTECTION IS INDICATED IMMUNIZATION WILL BE REQUIRED.**

### **OTHER TIPS FOR FILLING OUT THIS FORM**

1. **START EARLY.** It can take a lot of time to locate and arrange for officially signed and stamped immunization records.
2. **COLLECT PROOFS AND ASK YOUR PHYSICIAN FOR HELP.** If you have received immunizations from different places, take your records to your doctor's office and ask for help summarizing and signing the form. You may attach/send separate proofs with the Mandatory Immunization Health History Form, or you may ask your current doctor to confirm that you have provided the required information to his/her office. (It is to your advantage to have all of your immunization records in one place.)
3. **KEEP A COPY FOR YOURSELF.** After mailing or faxing your records, keep and bring your copies with you--unless your on-line check of "holds" on registration indicates that everything you sent for your immunization requirements was received and acceptable. Mail could get misdirected. Faxes blur. Play it safe. Be sure all pages faxed or sent to us contain your name, Social Security # and UF identification [ID] number, if available.
4. **SEND OR FAX SHARP IMAGES.** If you are faxing, test the quality of the prints by *photocopying* them first. If a photocopy looks clear, the fax should arrive with good readability. Certain background colors may fax as black, obscuring data.
5. **ONLY ONE SET OF IMMUNIZATION RECORDS NEEDS TO BE SENT.** Use the fax number or the WPPD Program mailing address at the bottom of the WPPD Mandatory Immunization Form.
6. **BOTH A DOCTOR'S OFFICE OR HEALTH DEPARTMENT STAMP AND AUTHORIZED SIGNATURE MUST APPEAR ON YOUR FORMS.** Avoid a frantic, last-minute call to your doctor's office for a second copy done properly.

7. ANY CORRECTIONS MADE TO THIS FORM (“white-out”, etc.) are void without the authorized person’s initials beside them.

If you can answer “yes” to each of these questions, you are ready to mail or Fax the WPPD Mandatory Immunization Health History Form:

1. Is all the information printed and legible?
2. Have I included my social security number, and if I know it, my UF ID number?
3. Have I listed dates for two (2) Measles vaccinations? And one (1) Rubella? And one (1) vaccine for Mump? OR have I listed dates for two (2) MMR’s to cover Measles, Mumps & Rubella? OR, if I don’t know my vaccine dates, have I attached the IGG titer blood lab reports **THAT SHOW THE RANGES USED BY THE LAB AND MY ACTUAL TITER NUMBERS?** **Am I positive that the vaccine dates I have shown are in compliance with the Guidelines?**
4. **Have I been immunized for Meningococcal disease OR checked-off the waiver and signed the waiver?**
5. **Have I completed or at least started the Hepatitis B series OR, if I have had the Hepatitis B vaccine series but I don’t have the dates, have I included the IGG blood lab reports that show the ranges the blood lab used with my actual titer number?**
6. Have I included the **PPD Dates, Results**, and chest x-ray report if POS? **DO NOT SEND X-RAY FILMS.**
7. **Has my doctor’s office or clinic officially “RUBBER STAMPED” this form AND is there an AUTHORIZED HEALTH PROFESSIONAL’S SIGNATURE in place?**

So, how did you do? Please remember that if your immunization information is incomplete or inaccurate, UF registration may be delayed or even blocked.

Send or FAX the one page WPPD Mandatory Immunization Health History Form with lab reports prior to Registration or with your Registration Form to:

University of Florida/WPPD  
Off-Site Admissions  
2145 MetroCenter Blvd, Suite 400  
Orlando, FL 32835-6217

OR FAX (352) 273-6593

Questions? Call 352-273-6280

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