



UCF

Student Health Services



Student Development & Enrollment Services



UCF

Immunization Form

Enter vaccine dates

Must be signed if waiving Hepatitis B or Meningitis

Signed and stamped by doctor or attach supporting document

Health Information Management Department
University of Central Florida
4098 Libra Drive, Orlando FL 32816 3333
PHONE: 407.823.3707/2119
http://www.studenthealth.ucf.edu/immunizations

UCF Mandatory Immunization Health History Form

Name: _____
Date of Birth: _____ UCFID: _____
Phone: _____ Orientation Date: _____

Section A: Required Immunizations

Vaccine/Title (with birth year after 12/31/1956)	Month/Day/Year	Month/Day/Year	Month/Day/Year	Time/Date & Result
1. MMR (2 doses after 1st birthday, then 3-5 days apart in 1971 or after)			DO NOT WRITE HERE	Please attach lab report
OR MMR2 (two doses, second given in 1980 or later)			DO NOT WRITE HERE	Please attach lab report
MMR2 (one dose required given in 1998 or later)			DO NOT WRITE HERE	Please attach lab report
2. Hepatitis B (OR signs waiver below)				Please attach lab report
3. Meningococcal Meningitis Vaccine (MCV4) (Menactra®/Menveo) Must be given at the age of 16 OR 18g water (Menor)		Booster needed if 1 st dose is given before the age of 16		DO NOT WRITE HERE

WAIVER: I have read the information provided about Hepatitis B and Meningitis, and I am waiving both which are highly recommended, but not required.

Signature of doctor Title OR Signature of parent/guardian if student under 18 Date/Initials to doctor Title

Section B: Recommended Immunizations for Good Health (NOT REQUIRED)

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Time/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)			Many at UCF	
Hepatitis A			DO NOT WRITE HERE	DO NOT WRITE HERE
HPV (gender)				DO NOT WRITE HERE
Polio (not due)			DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE	
Meningococcal B Serogroup (Bexsero/Trumenb)®				

An official stamp from a doctor's office, clinic, or Health Department AND an undated signature must appear on this form or on the official document(s) attached in order to be accepted.

Official Office Stamp Here Physician or Administrative Signature Date

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: _____

SECTION D: MEDICAL CONSENT IF UNDER 18 YEARS OLD
I HEREBY AUTHORIZE the Student Health Services and the University Counseling Center at the University of Central Florida to employ diagnostic procedures and/or render treatment or 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 facility if deemed necessary by the medical or mental health provider.

Signature of parent/guardian Date

Must be completed by student

Must be completed by parent or guardian if student is under age 18 years



Immunization Requirements

Vaccine	Details
MMR (Measles, Mumps, Rubella)	<ul style="list-style-type: none">• 2 doses of MMR (30 days apart) or 2 doses of Measles and 1 dose of Rubella• All doses after age 1 year• Required
Hepatitis B	<ul style="list-style-type: none">• 3 doses• Recommended, waiver available
Meningococcal Meningitis	<ul style="list-style-type: none">• 1 dose• Booster dose required if first dose before age 16 years• Recommended, waiver available