

# Important! Do Not Delay!

The Immunizations Health History Form is REQUIRED prior to Class Registration at UCF

Health Information Management Department

University of Central Florida 4098 Libra Drive, Orlando FL 32816-3333

PHONE: 407.823.3707 or 407.823.2119

[www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

1. UCF will accept official state immunization forms, issued by local health departments, stamped high school transcripts, military immunization forms, and physician's office records (**signed and stamped**) in conjunction with completing the UCF Immunization form. If you have supporting documentation, attach it to a completed UCF Immunization form. The UCF immunization form is available on the UCF Student Health Services website along with the link you will need to upload your documents at [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations).
2. The Advisory Committee on Immunization Practices (ACIP) has recommended that persons 16-23 years of age receive vaccinations for meningococcal meningitis. By action of the Florida State University System Board of Governors, this recommendation is supported by the policy effective July 1, 2008 that "all NEW matriculating students must provide documentation of vaccinations against meningococcal meningitis and hepatitis B or provide a signed waiver for each declined vaccination." **Please note: All students regardless of age must either submit proof of having received this vaccine after the age of 16 or sign the waiver.**
3. Except where noted, students enrolled in strictly online only programs are not required to submit proof of immunizations; however, all students must submit the Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B.

Please refer to page 4 for more information and instructions.

4. Active duty military and veterans may complete the waiver section of the immunization form if documentation of immunizations is unavailable at the time of registration. Proof of military service is required (DD 214 or military ID card). **Please note: This policy does not apply to dependents.**

Please refer to page 4 for more information and instructions.

Accurate and complete immunization information is required for registration at UCF. Incomplete information may result in your registration being delayed or even blocked. Please follow these directions:

Name/phone, etc. Print all information legibly. Provide UCF ID number

**COVID-19** can have serious, life-threatening complications, and there is no way to know how **COVID-19** will affect you. If you get sick, you could spread the disease to friends, family, and others around you. Based on what the CDC knows about vaccines for other diseases and early data from clinical trials, experts believe that getting a **COVID-19** vaccine will help keep you from getting seriously ill even if you do get **COVID-19**. **COVID-19** vaccines are being carefully evaluated in clinical trials and will make it substantially less likely you'll get **COVID-19**. Getting **COVID-19** may offer some natural protection, known as immunity, but experts don't know how long this protection lasts, and the risk of severe illness and death from **COVID-19** far outweighs any benefits of natural immunity. **COVID-19** vaccination will help protect you by creating an immune response without having to experience sickness. Lastly, the **COVID-19** vaccination is also an important tool to help stop the pandemic.

**Section A: Required Immunizations.** Required for **EVERYONE** born after Dec. 31, 1956.

**1. MMR:** This combination vaccine is often given because it protects from measles, mumps, and rubella. Two doses are required for entry into UCF. (1) The first dose 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 as per CDC guidelines.

**\*OR\***

**Measles (Rubeola):** Two doses are required. (1) The first dose 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\***

**Rubella (German Measles):** One dose is required at 12 months of age or later and in 1969 or later.

**2. Hepatitis B (HBV) immunization:** You are encouraged to receive this series. Students in many Academic Health Programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. Signing a waiver indicates that you understand the possible risk involved in not receiving this immunization. **If you are under the age of 18, a parent or guardian must sign the waiver for you.** The vaccine is usually administered as a three-dose series on a 0-, 1-, and 6-month schedule. The 2nd dose should be given 1 month after the first dose; the third dose should be given at least 2 months after the second dose and at least 4 months after the first dose. The Hepatitis B two-dose schedule "Recombivax" should be supported by an official document and the 2nd shot is administered 4-6 months after the first one.

\* Twinrix (Hepatitis A/B) series may be used as a substitute for the Hepatitis B series.

**Waiver Statement-Hepatitis B: 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 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 received. 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 vaccines, please visit UCF Student Health Services website: [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

**3. Meningococcal meningitis vaccines:** The Advisory Committee on Immunization Practices (ACIP) currently recommends these vaccines for persons 16-23 years of age. The ACIP also recommends a booster dose of meningococcal vaccine for students who received their primary dose before the age of 16 years. Students wishing to decline the vaccine must first read the information in the box below. Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. **If you are under the age of 18, a parent or guardian must sign the waiver for you.**

**Waiver Statement-Meningococcal Meningitis:** College students, especially freshman living in residence halls, are at an 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. FDA approved vaccines are currently available that decrease a person's risk of acquiring meningococcal meningitis. There are (5) different serotypes (A, B, C, Y and W-135). Two conjugate vaccines (MCV4) offer protection against serotypes (A, C, Y and W-135), and two vaccines cover the B strain of the bacteria. For more specific information about meningococcal meningitis and college student risks, please visit UCF Student Health Services website: [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

**Section B: Recommended Immunizations for Good Health**

- Td (Tetanus)/Diphtheria or/and Tdap (Tetanus/Diphtheria/Pertussis) - Booster shot within last 10 years. Space is provided to record this information.
- Varicella (Chicken pox) - History of disease or vaccine is acceptable. Indicate the date you had chicken pox. OR: Provide proof of two doses of Varivax. OR: Provide results of a blood test on a laboratory form.
- Hepatitis A, HPV, Polio, Influenza, Other - In the boxes provided in this section you may also list any additional vaccines that were administered. These are not required.

**Section C: Identify if you have Type (1) Diabetes and whether or not you are interested in participating in the UCF Student Health Services program to help students with Type (1) Diabetes.**

**Section D: A signature of parent or guardian MUST be included on the form if the student is under the age of 18.**

For more Helpful Tips to complete the immunization form and for information about valid exemptions, check out UCF Student Health Services website at: [www.studenthealth.ucf.edu/immunizations](http://www.studenthealth.ucf.edu/immunizations)

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## **UCF Online Only Students**

Except where noted, students enrolled in solely online programs are not required to submit proof of immunizations; however, all students must submit the UCF Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B.

The waivers include signing and dating the statement below Section A. This does not apply to students whose program offers on-campus courses but choose to complete the degree online without being admitted into the UCF Online Program. If you are unsure if this applies to you, please contact the UCF Online Program at 855-903-8576 or [www.ucf.edu/online/](http://www.ucf.edu/online/).

## **UCF Active Duty Military and Veteran Exception**

Active duty military and veterans may complete the waiver section of the immunization form if documentation of immunizations is unavailable at the time of registration. Proof of military service is required (DD 214 or military ID card); however, all students must submit the Mandatory Immunization Health History form along with the completed waivers for Meningitis and Hepatitis B. The waivers include signing and dating the statement below Section A. This policy does not apply to dependents (spouses, children, etc.).

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Mandatory Immunization Health History Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UCF ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Section A: Required Immunizations

Table with 5 columns: Immunization Name, Month/Day/Year, Booster needed, Month/Day/Year, Titer Date & Result. Rows include MMR, Measles, Rubella, Hepatitis B, and Meningococcal Meningitis/PCV4.

WAIVER: I have read the information provided about Hepatitis B and Meningococcal Meningitis/PCV4. By signing below, I acknowledge I am declining both, which are highly recommended, but not required.

OR

Signature of student

DATE

Signature of parent/guardian if student under 18

Relationship to student

DATE

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

Table with 5 columns: Immunization Name, Month/Day/Year, Booster needed, Month/Day/Year, Titer Date & Result. Rows include Td, AND/OR Tdap, Varicella, Hepatitis A, HPV, Polio, Meningococcal B Serogroup, and Covid-19.

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

Official Stamp Here

Physician or Authorized 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?

Email Address \_\_\_\_\_

SECTION D: MEDICAL CONSENT IF UNDER 18 YEARS OLD

I HEREBY AUTHORIZE Student Health Services and the University Counseling Center at the University of Central Florida to employ diagnostic procedures and to render treatment or medical, dental, surgical, psychological, or psychiatric care deemed necessary to the health and well-being of my student.

Signature of parent/guardian

Relationship to student

Date