

**OFFICE USE ONLY**

MRN: \_\_\_\_\_

**General Education  
Immunization Form**

REQUIRED – UFID NUMBER (8 digits):

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Name: \_\_\_\_\_ First Term of Attendance:  FALL  SPRING  SUMMER

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION A: Required Immunizations**

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
<b>1. MMR (Measles, Mumps, Rubella)</b> (2 doses on or after 12 months of age)			--NOT APPLICABLE--	
<b>2. Hepatitis B</b>				
<input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine.				
_____	_____	_____	_____	_____
Student or Guardian Signature	Student or Guardian Name	Date	Relationship	
<b>3. MCV4 (Menactra/Menveo)</b>			--NOT APPLICABLE--	
<input type="checkbox"/> I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.				
_____	_____	_____	_____	_____
Student or Guardian Signature	Student or Guardian Name	Date	Relationship	

<b>4. Tuberculosis Screening (Required for International Students)</b>				
TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
<b>OR</b> Interferon-based Assay (QFT or Tspot)	Date	Result	<b>Submit copy of lab report in English</b>	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	<b>Submit copy of x-ray report in English</b>	

**SECTION B: Optional Immunizations – Not Required for Matriculation**

<b>Td</b>		--NOT APPLICABLE--
<b>Tdap (Adacel/Boostrix)</b>		--NOT APPLICABLE--
<b>Varicella (Chickenpox)</b>		--NOT APPLICABLE--
<b>Hepatitis A</b>		
<b>HPV (Gardasil or Cervarix)</b>		--NOT APPLICABLE--
<b>Meningitis B</b>	Bexsero	--NOT APPLICABLE--
	Trumenba	--NOT APPLICABLE--

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