

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)
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis 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	
3. MCV4 (Menactra/Menveo)			--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	

4. Tuberculosis Screening (Required for International Students)				
TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QFT or Tspot)	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	

SECTION B: Optional Immunizations – Not Required for Matriculation

Td		--NOT APPLICABLE--
Tdap (Adacel/Boostrix)		--NOT APPLICABLE--
Varicella (Chickenpox)		--NOT APPLICABLE--
Hepatitis A		
HPV (Gardasil or Cervarix)		--NOT APPLICABLE--
Meningitis 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