

# **Important!**

# **Please Do Not**

# **Delay.**

Immunization records are **required** for you to continue with class registration at UWF.

**Please Email, Fax, or Mail the completed Mandatory Immunization Health History Form to UWF Student Health Services.**

No cover sheets needed.

**Vaccines are available at UWF Student Health Services.**

# Mandatory Immunization Health History Form Instructions: Read & Follow

## Checklist/Basic Instructions: DO NOT WAIT! Late, incomplete, or inaccurate information will delay registration.

- ALL students** (both on-campus & online only students) **MUST** complete Sections A & C.
- Complete Section B ONLY if applying for an exception or waiver. See “Information about Required Immunizations” below for details on applying for exceptions/ waivers.
- Include the student’s UWF ID on all correspondence.** Print all student information legibly (name, phone, etc.).
- If you are submitting proof of immunization: Have a doctor’s office, clinic, or health department complete the medical areas of the form (Section A).** An **official stamp AND an official signature** from one of these entities must be included for this document to be complete and approved.
- If you are requesting an immunization exception/waiver, you do not need to complete Section A relating to the corresponding vaccine.** Please see <http://www.uwf.edu/healthservices/ImmExceptions.cfm> for details on requesting an exception, including any required documentation. Check the appropriate box(es) on the form under Section B for exceptions/waivers, sign and date the form.
- Students under 18: A parent/guardian signature must be included for Section B (if applicable) & Section C.**
- KEEP A COPY FOR YOUR RECORDS.** Should anything be amiss, you can easily refer to what was sent to us.
- EMAIL, FAX, or MAIL only the completed immunization form (and lab reports as needed) at least three (3) weeks prior to orientation/registration.** Email: [immunizations@uwf.edu](mailto:immunizations@uwf.edu); Fax: (850) 857-6100; Mail: University of West Florida, 11000 University Pkwy, Building 960 - Suite 106, Pensacola, FL, 32514
- Visit the “Immunizations” section of the UWF Student Health Services website at [www.uwf.edu/healthservices](http://www.uwf.edu/healthservices) for more information and for details on the criteria that must be met in order to qualify for vaccine exceptions/waivers.
- Check your status on your MyUWF account (my.uwf.edu) & search for Immunization Status.** Your status will be updated after your documentation has been reviewed and processed.
- Turnaround times for lifting holds are typically no longer than a few hours, but please be aware there are peak times in which it may take longer due to the volume of forms received.

## Information about Required Immunizations

**1. MMR Vaccine** – Required for **EVERYONE** born after Dec. 31, 1956. This combination vaccine is given because it protects from measles, mumps and rubella. Two doses are required for entry into UWF. The first dose must have been received at 12 months of age or later, and in 1969 or later. The second dose must have been received at least 28 days after the first dose. The following vaccination documentation will be accepted if MMR was not received:

- **Measles (Rubeola):** Proof of two (2) doses is required. The first dose must have been received at 12 months of age or later and in 1969 or later. The second dose must have been received at least 28 days after the first dose
- **AND Rubella (German Measles):** Proof of one dose at 12 months of age or later, and in 1969 or later, is required.

If immunization documentation is unavailable, the student may submit laboratory evidence of immunity to measles and rubella on a laboratory form (IGG antibody or titer).

**Exception:** Please see <http://uwf.edu/healthservices/ImmExceptions.cfm> for details on applying for MMR exception. Students who meet one of the 4 criteria and wish to apply for this exception must complete Section B and submit all required documentation. Signing the exception indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline the vaccine, a parent/guardian signature is required.

**2. Hepatitis B Vaccine** – Students wishing to decline this vaccine must read the Hepatitis B information at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>, and then complete Section B on the immunization health history form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline the vaccine, a parent/guardian signature is required.

**3. Meningococcal Meningitis Vaccine MCV4 (Menactra or Menveo)** – This vaccine is **required if living on campus at UWF**. If the first dose of MCV4 was received before the age of 16 years, a booster dose is required. Students who live off-campus who wish to decline this vaccine must read the Meningococcal Meningitis information at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>, and then complete Section B on the immunization health history form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline the vaccine, a parent/guardian signature is required.



# Mandatory Immunization Health History Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UWF ID: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Age: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Section A: Required Immunizations** \*NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result*
<b>1. MMR</b> (2 doses on or after 1 <sup>st</sup> birthday)			DO NOT WRITE HERE	DO NOT WRITE HERE
	On or after 1 <sup>st</sup> birthday	At least 28 days later		
<b>OR</b> Measles			DO NOT WRITE HERE	
Rubella		DO NOT WRITE HERE	DO NOT WRITE HERE	
<b>2. Hepatitis B</b> (or sign waiver below)				
<b>3. Meningococcal Meningitis (MCV4)</b> (or sign waiver below) <b>**Required if living on campus**</b>		Booster needed if 1 <sup>st</sup> dose was given before the age of 16		DO NOT WRITE HERE
<b>An official stamp from a doctor's office, clinic, or health department <u>AND</u> an authorized signature must appear here or this form will not be approved.</b>				
_____	_____		_____	
Official Office Stamp Here	Physician or Authorized Signature		Date	

**Section B: EXCEPTIONS/WAIVERS** (Complete this section **ONLY** if you are applying for an exception/waiver)

- I meet one of the 4 criteria for the *MMR vaccine exception* found at <http://uwf.edu/healthservices> (visit website for information regarding the additional documentation that is required).  
For MMR exception check **all** that apply:  Active Duty Military  Medical Basis  Online Students  Religious Basis
- I have read the information about the *Hepatitis B waiver* (see instructions page) and decline receipt of this vaccine.
- I have read the information about the *Meningococcal Meningitis (MCV4) waiver* (see instructions page) and decline receipt of this vaccine and will NOT be living on any UWF campus.

_____	_____	_____	_____	_____
Signature of Student	Date	Signature of parent/guardian <b>(Required if student is under 18)</b>	Relationship to student	Date

**Section C: Medical Treatment Consent** (Signature of student (and parent, if under 18) required below)

I hereby authorize UWF Student Health Services to evaluate and employ diagnostic procedures and to render any treatment or medical, surgical, psychological or psychiatric care deemed necessary for my health and well-being. I grant permission for the transfer to an accredited hospital or other health care facility if deemed necessary by the medical or mental health provider.

_____	_____	_____	_____	_____
Signature of Student <b>(REQUIRED)</b>	Date	Signature of parent/guardian <b>(REQUIRED if student is under 18)</b>	Relationship to student	Date

**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**

Email, Fax, or Mail only this one (1) page (and lab reports as needed) at least three (3) weeks prior to registration.  
 Email: [immunizations@uwf.edu](mailto:immunizations@uwf.edu); Fax: (850) 857-6100; Mail: University of West Florida, 11000 University Pkwy, Building 960 – Suite 106, Pensacola FL, 32514