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:

Section A: Required Immunizations

1. **Tdap** (Tetanus/Diphtheria/Pertussis) – Booster shot within last 10 years. Space is provided to record this information

2. **MMR:** 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 28 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 28 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.

3. **Varicella:** Provide proof of two doses of Varivax vaccine OR: Provide results of a positive titer via blood test on a laboratory form.

4. **Hepatitis B (HBV) immunization:** 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. At least two out of three must be completed prior to the start of clinical or labaratory evidence of a positive titer via a blood test.

5. **Meningococcal meningitis vaccines:** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshman planning to live in campus dormitories/residence halls. 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.

Waiver Statement-Meningococcal Meningitis: College students, especially freshman living in residence halls, are at a slightly 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. Three vaccines are currently available that decrease, but do not completely eliminate, a person's risk of acquiring meningococcal meningitis. This element of uncertainty remains because there are (5) different serotypes (A, B, C, Y and W-135) and the current vaccines do not offer any protection from serotype B. For more specific information about meningococcal meningitis and college student risks, please visit UCF's Health Centers Web site at: http://www.hs.sdes.ucf.edu/

Section B: Recommended Immunizations for Good Health

Hepatitis A
HPV
Polio,
Influenza **(required during Flu season or most clinical sites will make mandatory to be in mask at all times)**

For more Helpful Tips to complete the immunization form and for information about valid exemptions, check out UCF Health Center's Web site at: www.studenthealth.ucf.edu/immunizations Fax: 407.823.3135 Phone: 407.823.3707.
Upload this form to **https://ucf.qualtrics.com/SE/?SID=SV_38EqeEuz7z5CTGZ** to satisfy university health requirements

University of Central Florida

College of Nursing

HEALTH FORM

Prior to beginning classes at the College of Nursing at the University of Central Florida, you must have met the following heath requirements, as attested to by a licensed healthcare provider. This form and any other supporting documents must be uploaded into CertifiedBackground.com for verification. **Please note; your TB test and physical exam are to be updated and submitted annually.**

Name: (PLEASE PRINT)_____ **PID**: _____ **Date**: _____

Program: ❒Basic ❒Accelerated ❒RN-BSN ❒MSN ❒DNP ❒PhD

REQUIRED IMMUNIZATIONS:

Tetanus/Diphtheria/Pertussis (Tdap) *Booster within the past ten years*	*Date* _____			
Measles, Mumps, Rubella (MMR) vaccine(s) OR laboratory evidence of a positive titer	*Dose 1* _____	*Dose 2* _____	*OR*	*Titer* _____
Varicella (Chicken Pox) Vaccine(s) OR laboratory evidence of a positive titer	*Dose 1* _____	*Dose 2* _____	*OR*	*Titer* _____
Hepatitis B Vaccine (at least two out of three must be completed prior to the start of clinical) OR laboratory evidence of a positive titer	*Dose 1* _____	*Dose 2* _____		*Dose 3* _____
	Titer _____			

HIGHLY RECOMMENDED: *Date*

Hepatitis A Vaccine _____

Meningococcal Conjugate _____

Influenza Vaccine (mandatory during Flu season Sep-Mar) _____

_____	_____		_____	_____	_____
Signature of student	Date	**OR**	Signature of parent/guardian if student under 18	Relationship to student	Date

Revised October 8, 2014

HEALTH HISTORY & PHYSICAL EXAMINATION
TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

Is there any significant medical history or condition that could affect functioning as a nursing student, including interaction with patients and staff in a clinical setting?
Yes ❒ No❒

Please Describe:
_____
_____
_____

Does this individual have a latex sensitivity?
Yes ❒ No ❒

Is this individual currently taking any medication that could affect participation in a nursing education program, including interaction with patients and staff in a clinical setting?
Yes ❒ No ❒

Please Describe:
_____
_____
_____

I certify that _____ has been examined by me on _____ and is found to be in good physical and mental health and appears able to undertake all aspects of the nursing education program, including interaction with patients and staff in a clinical setting. I also attest that the student has met all immunization requirements.

Practitioner's Name (PLEASE PRINT): _____ Practitioner's Signature: _____

Licensed as (PLEASE CIRCLE ONE): ARNP Physician Assistant Physician

License Number: _____ State/Country Licensed: _____

TB TESTING

PPD DATE : _____ (must be within last 12 months) RESULTS: _____
-OR-
CHEST X-RAY IF POSITIVE PPD
RESULTS: _____
DATE: _____ (must be within last 12 months)

Signature: _____
Title: _____