

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

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.
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**

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.

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

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

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

University of Central Florida Health Information Management Department

4098 Libra Drive, Orlando, FL 32816-3333

PHONE: 407.823.3707 or 407.823.2119

<http://www.studenthealth.ucf.edu/immunizations>

Students Requiring Waivers Only

If you have previously submitted immunization requirements and have been notified by the UCF Immunization Department that you only need to submit the health form and necessary waivers, you may electronically sign the waivers on the health form and submit it on our website at www.studenthealth.ucf.edu/immunizations.

This also applies to students enrolled in strictly online programs or those who are active duty or veterans.

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/.

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.).



UNIVERSITY OF CENTRAL FLORIDA

HEALTH FORM

During your first semester at the UCF College of Nursing, you must have met the following health requirements, as attested to by a licensed healthcare provider. This form and any other supporting documents must be uploaded into Castle Branch for verification. Please note; your TB test and physical exam are to be updated and submitted annually.

Name: _____ UCF ID: _____ Date: _____

Program: MSN DNP

REQUIRED IMMUNIZATIONS:

Tetanus/Diphtheria/Pertussis (Tdap) *Date*
Booster within the past ten years _____

Measles, Mumps, Rubella (MMR) vaccine(s) *Dose 1* *Dose 2* *OR* *Titer*
OR laboratory evidence of a positive titer _____

Varicella (Chicken Pox) Vaccine(s) *Dose 1* *Dose 2* *OR* *Titer*
OR laboratory evidence of a positive 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 Vaccine _____
Influenza Vaccine (annually) _____
COVID-19 Vaccine – 1 or series of 2 vaccines (depending on manufacturer) _____

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 as reported in the previous page.

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

Licensed as (PLEASE CHECK ONE): APRN Physician Assistant Physician

License Number: _____ State/Country Licensed: _____

TB TESTING

PPD DATE : _____ (must be within last 12 months) RESULTS: _____

QuantiFERON/TB Gold Date: _____

-OR-

CHEST X-RAY IF POSITIVE PPD

RESULTS: _____

DATE: _____ (must be within last 12 months)

Signature: _____

Name: _____

Title: _____

Location: _____