

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**

No cover sheets needed.

Vaccines are available at UWF Student Health Services.

Mandatory Immunization Health History Form - Please Follow These Directions:

Basic Instructions: DO NOT WAIT! Late, incomplete, or inaccurate information may delay registration.

- **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.** 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, you do not need to complete the medical areas of the form or have a doctor's signature and stamp.** 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 Exceptions/Waivers, sign and return the form.
- **MINORS (students under 18): A parent/guardian signature must be included for waivers and medical treatment.**
- **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 single records page (and lab reports as needed) at least three (3) weeks prior to orientation/registration.** Email: 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 for more information and for details on the criteria that must be met in order to qualify for exceptions to the immunization policy.

Information about Required Immunizations

1. MMR Vaccine – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is often given because it protects from measles, mumps and rubella. Two doses are required for entry into the University of West Florida. One 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.

OR: Measles (Rubeola) – Two doses are required. One 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)** – One dose is required at 12 months of age or later and in 1969 or later.

OR: 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 the exception to the MMR vaccine. Students meeting one of the 4 criteria and wishing to apply for this exception should check and sign where indicated on the immunization health history form and submit all required documentation. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18, a parent or guardian must sign for you.

2. Hepatitis B Vaccine – Students wishing to decline this vaccine must read the information about Hepatitis B at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>, and then check and sign where indicated 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 this vaccine, a parent or guardian must sign for you.

3. Meningococcal Meningitis Vaccine – Students wishing to decline this vaccine must read the information about Meningococcal Meningitis at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>, and then check and sign where indicated on the immunization health history form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under 18 and wish to decline this vaccine, a parent or guardian must sign for you.



Mandatory Immunization Health History Form

Full Legal Name: _____ Date of Birth:(MM/DD/YEAR) _____

UWF Student ID: _____ Contact Phone: _____

MEDICAL TREATMENT CONSENT: (Signature of student required below – if student is under 18, parent signature also required)

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(s) Required)**

Signature of Student

Date

Signature of parent/guardian
(if student is under 18)

Relationship to
student

Date

Required Immunizations

NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
1. MMR (2 doses after 1 st birthday)			DO NOT WRITE HERE	
OR Measles			DO NOT WRITE HERE	
Mumps			DO NOT WRITE HERE	
Rubella			DO NOT WRITE HERE	
2. Hepatitis B (or sign waiver below)				
3. Meningococcal Meningitis (OR sign waiver below)			DO NOT WRITE HERE	DO NOT WRITE HERE

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here for any immunization records listed above to be valid.

Official Office Stamp Here

Physician or Authorized Signature

Date

FOR EXCEPTIONS/WAIVERS: (Signature(s) only required in this section if you are applying for an exception/waiver)

- ☐ I meet one of the 4 criteria for the [MMR vaccine exception](#). (additional documentation is required)
To apply for MMR waiver, Check **all** that apply: (definitions found <http://uwf.edu/healthservices/>)
O Active Duty Military O Medical Basis O Online Students O Religious Basis

- ☐ I have read the information about the [Hepatitis B exception](#) and decline receipt of this vaccine.
☐ I have read the information about the [Meningococcal Meningitis exception](#) and decline receipt of this vaccine.

Signature of Student

Date

Signature of parent/guardian
(if student is under 18)

Relationship to

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; **Fax:** (850) 857-6100; **Mail:** University of West Florida, 11000 University Pkwy, Building 960 – Suite 106, Pensacola FL, 32514.

(PLEASE ALLOW 48 HOURS FOR PROCESSING ONCE RECEIVED)