

## IMPORTANT IMMUNIZATION REQUIREMENTS

*PLEASE READ CAREFULLY*

As a University of Florida English Language Institute student you are **required** to have documentation of specific immunizations on the **enclosed UF immunization form**. You will miss valuable class time if you wait to obtain your immunizations in the U.S. **You will save time and money if you have a doctor in your country verify your immunizations, or if you can have them administered in your country BEFORE arriving at the ELI.**

Required Immunizations:

### **MMR (Measles/Mumps/Rubella)**

- Must have received 2 doses of MMR.
- First MMR dose must have been administered **after your first birthday**. The second MMR dose must have been administered **after 1985**.
- There must be at least 1 month between MMR doses.

### **PPD (Tuberculosis Skin Test)**

- Must have been conducted **within the past year** of the semester you wish to attend.
- The PPD test **cannot** be administered directly after a MMR dose; a minimum of one month must pass. It is acceptable to receive an MMR injection and a PPD test on the same date.
- Please note that the University of Florida **DOES NOT accept BCG** vaccine as a PPD.
- If the PPD is positive, the reaction's measurements must still be noted and you must provide a copy of the x-ray report in English.

Optional Immunizations:

### **Meningococcal Meningitis and Hepatitis B**

- These are not mandatory immunizations; if you choose not to have these optional immunizations then you must sign and date the waiver at the end of section A on the UF immunization form (on the right side).

If you are under the age of 18, a parent or legal guardian must sign and date the areas on the UF immunization form.

- Section A (right side)
- Section F

Correspond only with the English Language Institute about your immunizations. Please DO NOT fax your completed form to the Student Health Care Center.

If you have any questions or concerns about these requirements please contact the Admissions Coordinator at the English Language Institute at the University of Florida.

<p><b>Admissions Coordinator:</b> Daryl Bish <b>Email:</b> <a href="mailto:StudyEnglish@eli.ufl.edu">StudyEnglish@eli.ufl.edu</a> <b>Phone:</b> + (1) 352-273-4392 <b>Fax:</b> + (1) 352-392-3744</p>
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OFFICE USE ONLY

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UF ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Date UF Study Begins: \_\_\_\_\_

**Section A: Required Immunizations**

\*\*\*NOTE: ALL TITERS MUST INCLUDE LAB REPORT\*\*\*

	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
<b>1. MMR</b> (2 doses after first birthday)			DO NOT WRITE HERE	
<b>2. Hepatitis B</b> OR sign waiver below				
<b>3. MCV4 (Menactra/Menveo)</b> OR sign waiver below			DO NOT WRITE HERE	DO NOT WRITE HERE

 I have read the information about Hepatitis B (*see instructions page*) and decline receipt of this vaccine.

 I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis (*see instructions page*) and decline receipt of this vaccine.
\_\_\_\_\_  
Signature Of Student\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature Of Parent/Guardian If Student Under 18\_\_\_\_\_  
Relationship To Student\_\_\_\_\_  
Date
**4. Tuberculosis Screening: Required for International Students and Most Academic Health Programs**

TB Skin Test by PPD (Mantoux)	Date Placed	Date Read	MM	Neg Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result	***Submit copy of lab report***	
Chest X-ray (if positive PPD or lab)	Date	Result	***Submit copy of chest X-ray report***	

**Section B: Recommended Immunizations for Good Health**

\*\*\*NOTE: ALL TITERS MUST INCLUDE LAB REPORT\*\*\*

	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
Td (Tetanus/Diphtheria)		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
<b>AND/OR Tdap</b> (Tetanus/Diphtheria/Pertussis)		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
Varicella (Chickenpox)			DO NOT WRITE HERE	
Hepatitis A				
HPV (Gardasil or Cervarix)				DO NOT WRITE HERE
Polio (last date)		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
Other:				

**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

**MEDICAL TREATMENT CONSENT (For Student Under 18):** I hereby authorize the Student Health Care Center and the Counseling and Wellness Center at the University of Florida to employ diagnostic procedures and to render any treatment or medical, surgical, psychological or psychiatric care deemed necessary to the health and well-being of my child. I grant permission for the transfer of my child to an accredited hospital or other health care facility if deemed necessary by the medical or mental health provider.

\_\_\_\_\_  
Signature Of Parent/Guardian\_\_\_\_\_  
Relationship To Student\_\_\_\_\_  
Date
**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**
**Mail or fax only this one (1) page (and lab reports as needed) at least three (3) weeks prior to registration to:  
University of Florida, SHCC, Immunizations, P.O. Box 117500, Gainesville, FL 32611-7500, Fax: (352) 392-0938**