

## UCF COM Enrollment Requirements Check List

All documents must be uploaded in .PDF Format. Save a hard copy in addition to your digital copy.

All documents must be uploaded into Qualtrics by **Friday, July 15, 2016 at 5PM.**

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

Please read and initial beside each statement prior to submitting your documentation. Your signature will be required at the bottom.

### IMMUNIZATIONS COMPLETE

DONE <small>INITIAL</small>	ITEM	DATE COMPLETE	DATE UPLOADED
	<u>Physical Examination</u> – signed/stamped by authorized medical personnel from a doctor's office, clinic, or health department by <b><u>Friday, July 15, 2016 at 5PM.</u></b>		
	<u>AAMC Standardized Immunization Form</u> – signed/stamped by authorized medical personnel from a doctor's office, clinic, or health department by <b><u>Friday, July 19, 2016 at 5PM.</u></b> <input type="checkbox"/> Copies of Vaccination Records <input type="checkbox"/> Copies of Titer Lab Reports with Immunity Indices <input type="checkbox"/> <u>Tuberculosis Screening Questionnaire</u> * with accompanying required documentation ( <i>if applicable</i> ) <input type="checkbox"/> Read CDC Addendum regarding HB <u>UCF COM Meningitis Waiver Form</u> – signed/stamped by authorized medical personnel from a doctor's office, clinic, or health department by <b><u>Friday, July 19, 2016 at 5PM.</u></b>		
	<b>I have completed ALL the immunization requirements outlined on the AAMC Standardized Immunization Form as required by the University of Central Florida College of Medicine.</b>		

### IMMUNIZATIONS INCOMPLETE

DONE <small>INITIAL</small>	ITEM
	<b>I have NOT completed ALL the immunization requirements outlined on the AAMC Standardized Immunization Form as required by the University of Central Florida College of Medicine.</b>
	<b>I am aware that I have the following immunization requirements outstanding at this time:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MMR Series Repeat with new Titer  <input type="checkbox"/> Hepatitis B Series Repeat with new Titer         </div> <div> <input type="checkbox"/> Varicella Series Repeat with new Titer  <input type="checkbox"/> Tuberculosis Screening Documentation         </div> </div>
	I am aware that I am required to complete an <b><u>Immunization Completion Contract</u></b> , of which, I am responsible for scheduling all of my appointments, obtaining proof of vaccination/specimen collection, and providing this information to the Immunizations and Credentialing Section within Student Services. However, prior to orientation, I will complete as much of the revaccination process as possible so as to avoid any delays in starting on time.
	I further acknowledge that even though I may obtain my vaccinations through UCF Student Health Services, I understand that that Student Services does not have access to my medical records and I am responsible for providing copies of my documentation.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

### CREDENTIALS

DONE INITIAL	ITEM	DATE COMPLETE	DATE UPLOADED
	<b>Urine Drug Screen with LabCorp</b> – Letters and accompanying Chain of Custody/lab work order Form will be mailed by June with the appropriate carbon copy form to the mailing address you have listed on AMCAS. Lab results will be released directly to UCF COM Student Services, but retain the copy from your visit should any issues arise. Visit a designated LabCorp site by <b><u>Friday, July 15, 2016 at 5PM.</u></b> <input type="checkbox"/> Copy of Chain of Custody Form <input type="checkbox"/> Completed Lab Information Sheet		
	<b>Proof of <a href="#">Health Insurance</a></b> – If you are intending on purchasing UCF Student Health Insurance via Gallagher-Koster the portal will open in early July and close at the end of September. However, you cannot wait until Student Loan Disbursements to purchase your health insurance. You must have purchased health insurance and provided proof of coverage by <b><u>Friday, July 15, 2016 at 5PM.</u></b> <input type="checkbox"/> Proof of Health Insurance Form <input type="checkbox"/> Copies of Insurance Cards (front and back)		
	<b>Proof of <a href="#">Disability Insurance</a></b> – students are able to purchase disability insurance online with the secure payment portal provided by Med Plus Advantage. Payment must be completed by <b><u>Friday, July 15, 2016 at 5PM.</u></b> <input type="checkbox"/> Proof of Disability Insurance Form <input type="checkbox"/> Proof of Payment/Coverage Letter Copy		

Please direct any questions to [COMCredential@ucf.edu](mailto:COMCredential@ucf.edu).