

**\* M.D. STUDENTS ONLY\***

Office of Student Affairs  
 University of Central Florida  
 College of Medicine  
 6850 Lake Nona Blvd, Orlando FL 32827  
 FAX: 407.266.1389      PHONE: 407.266.1353



**Mandatory Immunization  
 Health History Form**

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

Date of Birth: \_\_\_\_\_ PID: \_\_\_\_\_

Phone: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

**Required Immunizations \*\*\*NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED\*\*\***

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result Lab report(s) MUST be attached
<b>1. MMR</b> (2 doses after 1st birthday & at least 28 days apart)			DO NOT WRITE HERE	DO NOT WRITE HERE
<b>OR</b> Measles (two doses or titer required)			DO NOT WRITE HERE	
Rubella (two doses or titer required)			DO NOT WRITE HERE	
Mumps (two doses or titer required)			DO NOT WRITE HERE	
<b>2. Hepatitis B</b> (3 doses + titer required)				
<b>3. Meningococcal Meningitis Vaccine/MCV4</b> * (OR sign waiver below)		Booster needed if 1 <sup>st</sup> dose is given before the age of 16		DO NOT WRITE HERE

\*  I have read the information about MCV4 / Meningococcal Meningitis and decline receipt of this vaccine.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

**OR** \_\_\_\_\_  
Signature of parent/guardian if student under 18

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date

**Additional Required Immunizations/Documentation \*\*\*NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED\*\*\***

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result Lab Report(s) MUST be attached
<b>4. Tdap</b> (Tetanus/Diphtheria/Pertussis)				DO NOT WRITE HERE / DO NOT WRITE HERE / DO NOT WRITE HERE
<b>5. Varicella</b> (Chicken Pox)			DO NOT WRITE HERE	
<b>6. 2 Step Tuberculin Skin Test (TST/PPD)*</b>			DO NOT WRITE HERE	DO NOT WRITE HERE

**\*Please refer to the attached sheet for specific instructions regarding the TST/PPD**

An official stamp from a doctor's office, clinic, or Health Department <u>AND</u> an authorized signature must appear on this form or on the official document(s) attached in order to be accepted. If the doctor's office does not have an official stamp, the doctor's signature on a prescription pad is acceptable.		
_____ Official Office Stamp Here	_____ Physician or Authorized Signature	_____ Date

**SECTION C: PLEASE CHECK IF:**

- You have Type 1 (Insulin Dependent) DIABETES MELLITUS      YES \_\_\_ NO \_\_\_
- You would like UCF Health Services to email you about their Type 1 (Insulin Dependent) Program      YES \_\_\_ NO \_\_\_

**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**

Mail or fax this page (and lab reports as needed) at least two (2) weeks prior to orientation 407-266-1389 Fax

## Additional Immunization Information

**Hepatitis B:** A series of three doses of vaccine are required. The vaccine is usually administered as a three-dose series on a 0-, 1-, and 6-month schedule. The 2<sup>nd</sup> dose should be given one month after the first dose; the 3<sup>rd</sup> does should be given at least 2 months after the second dose and at least 4 months after the first dose.

**This requirement is not complete until there is serologic documentation of a positive (quantitative) Hepatitis B surface antibody titer following completion of the Hepatitis B vaccination series of three (3) injections.**

**Varicella (Chicken Pox):** This requirement is satisfied only by a positive titer OR the vaccine series of two immunizations (given 4 to 8 weeks apart).

**A history of chicken pox does not satisfy this requirement.**

**Tuberculin Skin Test (TST/PPD):** Documentation of two-step testing: Documentation of two Mantoux skin tests within 12 months preceding enrollment at UCF COM. The second test should be administered 1-3 weeks after the first test. However, if you have had a TST done within the last 12 months, only one TST needs to be done (even if it is more than 1-3 weeks after the first test).

**If there is a history of positive PPD: Documentation of a current chest x-ray and the tuberculosis screening questionnaire is required for all persons with a history of a positive PPD skin test (within the past 12 months). Alternatively, you will need to either obtain a Quantiferon-Gold TB blood test or the T-SPOT IGRA blood test indicating a negative status for TB. This test will be submitted annually during the PPD screening period (prior to each subsequent academic year). The questionnaire can be found at <http://med.ucf.edu/administrative-offices/student-affairs/student-services/enrollment-requirements/>.**

**Meningitis:** Persons aged 21 years or younger should have documentation of receipt of a dose of meningococcal conjugate vaccine not more than 5 years before enrollment. If the primary dose was administered before the 16<sup>th</sup> birthday, a booster does should be administered before enrollment. Meningococcal vaccine is also recommended if you have a complement component immune deficiency, lack of a spleen, HIV, or for travel to areas of the world with high prevalence of meningococcal disease.

**Waiver for Meningitis Vaccine:** College students, especially freshmen living in residence halls, are at 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 five (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 Center Website at <http://www.hs.sdes.ucf.edu/>.

