

ALL STUDENTS MUST COMPLETE THIS PAGE BY PROVIDING DOCUMENTATION OF VACCINATION FOR MENINGITIS AND HEPATITIS B OR BY SIGNING THE WAIVERS

REQUIRED: Meningococcal Meningitis and Hepatitis B Vaccine Forms

Name: _____ FGCU Student ID# _____ Date of birth: _____

IMMUNIZATION PROOF REQUIRED

Meningococcal meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e. coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability or death.

Meningitis is a rare but potentially dangerous illness that mainly affects children and young adults. However, college-aged students have a greater potential risk of outbreaks than the general population due to a prevalence of risk factors that are often part of campus life. These risk factors include dormitory living, active and passive smoking, bar patronage, and alcohol consumption (more than 15 drinks per week).

The vaccine is given as a single dose. The current vaccine provides protection for 5 to 8 years.

As with any vaccine, vaccination may not protect 100% of all susceptible individuals. The vaccine provides immunity for most types of bacterial meningitis. There is not a vaccine for the viral type of meningitis.

Hepatitis B is a serious infectious disease caused by a virus that attacks the liver. Hepatitis B is contagious and spreads when the blood or other body fluids of a person with the virus are absorbed into an individual's blood stream through broken skin or mucous membranes. Risk factors for acquiring hepatitis B include blood transfusions, intravenous drug use, tattoos, body piercings, unprotected sex, and being exposed to biomedical waste. The hepatitis B virus (HBV) can cause life-long infection that leads to cirrhosis (scarring) of the liver, liver cancer or liver failure.

College students may be at higher risk for hepatitis B. Living in close quarters, like a college dormitory, may increase the risk of exposure to carriers. College students may be exposed to the virus during sexual contact, getting body piercings or tattoos, sharing toothbrushes, earrings, needles or razors, during contact sports or traveling abroad.

Vaccination against hepatitis B is available. Vaccination requires a series of three shots over a six-month period.

_____ I have received the meningitis vaccine as follows: Date meningitis vaccine received: _____

_____ I have received the hepatitis B vaccine as follows: 1st dose: Date _____
2nd dose: Date _____ (1 month after first dose)
3rd dose: Date _____ (6 months after first dose)

- Office stamp to include name of physician and/or medical facility where vaccine provided: (Place stamp here)

• _____ Date: _____
Signature of health care provider Phone Number

WAIVER/EXEMPTION

I have read the above information pertaining to meningitis. Despite the fact that I understand the risks involved, I refuse to receive the meningitis vaccine. _____
Signature of student Date

I have read the above information pertaining to hepatitis B. Despite the fact that I understand the risks involved, I refuse to receive the hepatitis B vaccine. _____
Signature of student Date

Student Health Services - Health Form



IMMUNIZATION HISTORY FORM

As a prerequisite to registration, the State University System of Florida requires all students born after December 31, 1956 to present documented proof of immunity to measles (rubeola) and German Measles (rubella). Proof includes this form, properly completed, stamped and signed by your qualified health care provider OR records from health departments, health care offices, or school records attached to this form.

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Student Identification Number

Age

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Date of Birth (MMDDYY)

Name _____
Last First MI

Address _____
Street City State ZIP

WITHOUT PROOF OF IMMUNITY, YOU WILL NOT BE ELIGIBLE TO REGISTER

REQUIRED IMMUNIZATIONS PRIOR TO REGISTRATION

◆ MEASLES

1ST dose received at 12 months of age or older and in 1968 or later

Month - Day - Year
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2nd dose received at least 28 days after the first dose

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◆ RUBELLA

Received at 12 months of age or older and in 1969 or later

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OR

◆ MMR COMBINED (Measles-Mumps-Rubella)

1ST dose received at 12 months of age or older and in 1969 or later

Month - Day - Year
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2nd dose received at least 28 days after the first dose

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BOTH Measles Immunizations must be (1) received at 12 months of age or older, (2) received in 1968 or later, and (3) received at least 28 days apart.

OR

◆ PROOF OF IMMUNITY BY WAY OF BLOOD TEST (TITER)

Copies of laboratory results indicating immunity to both diseases are acceptable but **MUST** accompany this form. Those who have diagnosed with measles (disease) can prove immunity by submitting a written, dated statement signed by a qualified health care provider on office letterhead stationary which specifies the date seen and states that the student has experienced an illness with 3 days or more of rash, fever of 101 degrees or greater, cough **AND** conjunctivitis **AND** is considered to have had measles (rubeola). **Written statements concerning rubella disease are not acceptable as proof of immunity.**

Please use official stamp

Signature of Physician or Health Care Provider

Name, Address, Phone # of Health Care Provider

Date

NOTE: The College of Health Professions also requires the following for all admitted students prior to enrolling in their first Health Professions course: Varicela titer test or immunization, current Tetanus booster, Mantoux TB test within 1 year of application and yearly thereafter, and Hepatitis B Vaccine series and positive titer or a student signed waiver.