



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

MI Last First

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.

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

Date

Name, Address, Phone # of Health Care Provider

NOTE: The College of Health Professions also requires the following for all admitted students prior to enrolling in their first Health Professions course: Varicella 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.

IMMUNIZATION POLICY

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IMMUNIZATION PROOF REQUIRED

Acceptable Proof Consists of the Following:

1. Proof of two (2) Vaccinations (Doses) of MEASLES received at least 28 days apart and one vaccination of RUBELLA.
2. Vaccinations **MUST** have been received **AFTER** your first birthday.
3. Measles vaccinations **MUST** have been received in 1968 or later: Rubella vaccination in 1969 or later.
4. Proof of immunity by way of a blood test result (titer).
5. A written, dated statement signed by a qualified health care provider on office letterhead stationery which specifies the date seen and states that the student has had an illness with 3 days or more of a rash, fever of 101 degrees or greater, cough **AND** Conjunctivitis and is considered to have the RUBEOLOA (measles) disease.

Exemptions:

- ⇒ Enrolled in **ONLY** Distance Learning courses
- ⇒ Religious exemption

Temporary Deferments (must be submitted by a physician)

- ⇒ Pregnancy or possibility of pregnancy
- ⇒ Illness
- ⇒ Allergies

Questions about acceptable proof may be directed to Student Health Services, 941-590-7966.

IMMUNIZATION SERVICES:

STUDENT HEALTH SERVICES IS LOCATED IN PARKING LOT 6, MODULAR A, ON FGCU CAMPUS:
Immunization cost is **\$28** per dose of MMR and **\$38** for a titer test. (Check or cash only, please.)
Contact Student Health Services at 941-590-7966 for more information.

LOCAL HEALTH DEPARTMENTS: Immunization cost is **\$45** (free if under 19 years of age)
Lee County 941-332-9601
Collier County 941-774-8200
Charlotte County 941-639-1181

Revised 08/2001