

# IMMUNIZATION/ VACCINATION REQUIREMENTS AND PRICING

Immunization	Requirements
<b>University Required:</b>	
<b>MMR vaccinations</b>	1 <sup>st</sup> vaccine must be given after 12 months of age; must be in 1971 or later; 2 <sup>nd</sup> dose must be at least 28 days after 1 <sup>st</sup> dose
<b>Rubella/ Rubeola Titer</b>	Positive Rubella/Rubeola titer can substitute for two MMR vaccines
<b>Program Required:</b>	
<b>Hepatitis B Vaccinations</b>	Series of 3 vaccinations at 0, 1 & 6 months
<b>Hepatitis B Titer</b>	Positive titer
**without series of vaccinations <b>AND</b> titer, student must sign waiver **	
<b>PPD/ TB Screening</b>	Negative screening must remain current (within 1 year). Positive TB test result must be followed up with chest x-ray and/or verification of inactive status
<b>Tetanus Diphtheria (TD/TDAP)</b>	Must remain current (within 10 years)
<b>Varicella</b>	Series of 2 vaccinations or positive titer

# IMMUNIZATIONS: Locations and Services

Immunization	FL Dept. of Health - Michigan Clinic	Walgreens Pharmacy	CVS - Minute Clinic	FGCU Student Health Services	Walmart - Care Clinic	Target Clinic	Lee Health - Convenient Care
MMR vaccinations	\$85/dose	\$99.99/dose	\$130	\$75/dose	\$88.46		Pricing and availability of services available upon request. Fort Myers (239) 343-9800 Lehigh Acres (239) 303-9298 Cape Coral (239) 424-1655
Rubella/Rubeola Titer				\$10			
Hepatitis B Vaccinations	\$63/dose	\$89.99/dose	\$140	\$45/dose	\$68.17	\$99	
Hepatitis B Titer				\$11			
PPD/TB Screening	\$20		Test \$35 Reading \$30	\$6	\$15	\$25	
Tetanus Diphtheria (TD/TDAP)	TD \$56 TDAP \$58	\$54.99/dose	TD \$90 TDAP \$65	\$40	TD \$52.46 TDAP \$60.54	TD \$45 TDAP \$60	
Varicella	\$133	\$149.99/dose		\$15	\$144.78		
Convenient Care Locations	Cape Coral	Gulf Coast	Health Park	Lee Memorial			
Pharmacy Phone Number	239-424-2456	239-343-1600	239-343-5100	239-343-2800			

**NOTE:** Prices listed in this table are subject to change and may be dependent on health insurance coverage. Please contact each location directly for accurate pricing information.

### Contacting Student Health Services

**EMAIL:** Stephanie Harper [sharper@fgcu.edu](mailto:sharper@fgcu.edu)

**OFFICE PHONE:** 239-590-1254

**LOCATION:** FGCU Wellness Building, Room 102

**WEBSITE:**

<http://www.fgcu.edu/studenthealth/immunizations.html>

### Immunization Service Hours

Monday- Thursday 8:15am- 4:45pm

Friday 9am- 4:45pm

**After hours you may place documents in the "Immunization Drop Box" located outside the front door.**

**\*Please note:** Appointments **are** required and can be made by calling 239-590-1254. University ID Cards are required at check in; incoming students acquiring state mandated vaccines DO NOT require an Eagle ID.

# IMMUNIZATION REQUIREMENTS

## Exercise Science

**\*\*This form must be completed by Student Health Services (SHS)/Immunizations or your own physician PRIOR TO your physical exam\*\***

Immunizations, Screening tests and Vaccines listed below are required prior to entering the Exercise Science Program. The Exercise Science Program requires additional immunizations above and beyond University Requirements. All immunizations, screening tests and vaccines must be reviewed by the attending health care provider during your Physical Exam. Dates should be noted, by the health care provider, for each item listed, and approved as indicated at the bottom of the page. **PLEASE NOTE THAT IMMUNIZATIONS MUST BE COMPLETE PRIOR TO A PHYSICAL EXAM.**

Official documentation (vaccine records) **must** be provided to the attending health care provider/immunization department for all immunizations (*see note regarding Hepatitis B series requirements*) listed below in conjunction with completion of your Physical Exam.

STUDENT NAME: \_\_\_\_\_

STUDENT UIN#: \_\_\_\_\_

A. University required immunizations:

STATE REQUIRED	Vaccination	Month/Day/Year	Month/Day/Year	Month/Day/Year
STATE REQUIRED	<b>MMR</b> 1 <sup>st</sup> vaccine <u>must be given</u> after 12 months of age; must be in 1971 or later; 2 <sup>nd</sup> dose must be at least 28 days after 1 <sup>st</sup> dose	/ /	/ /	* Two MMR vaccines may be substituted with positive <b>Rubella/Rubeola</b> titers (MUST submit lab results indicating immunity)
	<b>RUBELLA TITER/ RUBEOLA TITER</b>	/ /	Positive/Negative	

B. Exercise Science Program required immunizations, vaccines and screening tests:

ATHLETIC PROGRAM REQUIREMENTS		Month/Day/Year	Month/Day/Year	Month/Day/Year
ATHLETIC PROGRAM REQUIREMENTS	<b>HEPATITIS B</b> Series of 3 vaccinations at 0, 1 & 6 months <b>AND</b> a Positive Titer OR sign waiver	/ /	/ /	/ /
	<b>HEPATITIS B TITER</b> Must provide lab work document	/ /	Positive/Negative	
	<b>PPD/TB</b> <i>Must remain current while enrolled in Exercise Science Program: A positive TB test result must be followed up with a chest x-ray and/or verification of inactive status</i>	/ / Date placed	/ / Date Read	Result: _____mm induration Positive ( ) Negative ( )
	<b>Tetanus Diphtheria (TD/TDAP)</b> Must be within 10 years & remain current while enrolled	/ / TD	/ / Adacel® Tdap	/ / Boostrix® Tdap
	<b>Varicella</b> Series of 2 vaccinations OR Titer	/ /	/ /	TITER DATE & RESULTS

*Students must complete the series & have a positive titer or Complete the Hepatitis B Waiver Form (page 4 ).*

Health Care Provider Signature: \_\_\_\_\_ MD/DO/NP/PA Date: \_\_\_\_\_

*Signature indicates immunizations have been reviewed and discussed with the applicant by the medical provider.*

**(An FGCU SHS Immunization approved document may be attached)**

**It is important that you retain a copy of all information submitted to the Department of Rehabilitation Sciences for your personal records and for future use in the Exercise Science Program.**

**Florida Gulf Coast University**  
**Department of Rehabilitation Sciences**

**HEPATITIS B IMMUNIZATION WAIVER**

Hepatitis B virus infection is principally transmitted by contact with blood, blood products, and body fluids (saliva, tears, breast milk, etc.) of the infected person. Exposure to infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane potentially result in contracting the Hepatitis B virus. Health care workers who are exposed to any of the above are among the highest at risk for contracting Hepatitis B virus.

Among the people at highest risk of contracting hepatitis B infection are health care workers who are exposed to the infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane. If you have additional questions or concerns regarding these risks, please contact your personal health care physician and/or nurse practitioner.

Hepatitis B infection manifests itself in symptoms of jaundice, skin rash, headache, arthritis, fatigue, loss of appetite, and abdominal pain. The disease is fatal for 1% of the persons who contract it, and between 5% and 10% of the victims become chronic carriers who may later be predisposed to liver cancer or chronic liver impairment.

Hepatitis B Virus vaccine has been developed to prevent this infection. For immunization protection, three 1.0 ml intramuscular injections of the vaccine are administered at 0, 1, and 6 months. High titers of antibodies are produced in 95% of normal adult recipients. The duration of protection and need for booster doses has not yet been determined. Testing for immunity after vaccination is not routinely recommended unless you are in a health care profession or a profession at high risk of exposure to the disease.

As a student in the Department of Rehabilitation Sciences at Florida Gulf Coast University, you are required to provide proof of hepatitis immunization or sign a waiver. The Department of Rehabilitation Sciences encourages you to complete the Hepatitis B immunization series for your protection. If you elect to waive the Hepatitis B immunization series, sign below and return this form to the Department of Rehabilitation Sciences.

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I understand that due to my occupational/educational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given sufficient time to complete the hepatitis vaccination schedule, however, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I also am aware that by declining this vaccine, I may not be able to enter into a clinical affiliation with certain health care facilities which require the vaccine.

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Date

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Student Signature

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Date

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Witness