

Immunization History Form

Please upload this completed document to your Student Health Portal. This can take up to 72 Business hours for processing. Check your Gulflink account hold screen to verify your immunization status.

Name: Last	First	Phone ()
University ID Number 8 1	Date of Birth / /	Age

	Vaccination	Month/Day/Year	Month/Day/Year	Month/Day/Year
STATE REQUIRED	MMR 1 st vaccine <u>must be given after 12 months of age</u> ; must be in 1971 or later; 2 nd dose must be at least 28 days after 1 st dose	/ /	/ /	*Two MMR vaccines may be substituted with a positive Rubella & Rubeola titer (must submit laboratory results indicating immunity)
	HEPATITIS B Series of 3 vaccinations * OR sign waiver below	/ /	/ /	/ /
	MENINGOCOCCAL (ACWY) OR sign waiver below (Men B will NOT fulfill the FGCU requirements, although it is highly recommended)	/ /	Booster Needed if doses given <u>before</u> age 16	

	Vaccination	Month/Day/Year	Month/Day/Year	Notes
RECOMMENDED NOT MANDATORY	COVID-19 Vaccine (1 or 2 dose)	/ /	/ /	Type: _____
	Hepatitis A	/ /	/ /	
	Hepatitis A & B Combined	/ /	/ /	/ /
	Human Papillomavirus (HPV)	/ /	/ /	/ /
	PPD/TB	/ / Date Placed	/ / Date Read	Result: _____ mm induration Positive () Negative ()
	Tetanus Diphtheria Please indicate which tetanus vaccine was given	/ / TD	/ / Tdap	/ / Tdap
	Varicella Series of 2 vaccinations	/ /	/ /	Incidence of Disease Date:
	Meningitis B (2 dose)	/ /	/ /	

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear below or this form WILL NOT be accepted

Official office stamp

Physician or Authorized Signature

Date

WAIVERS/OPT OUT:

- If you are over 18 and would like to opt out/waive Hepatitis B or Meningitis, please log in to your Student Health Portal and complete the electronic waivers in the Immunization History for Portal Form.
- If you are under 18, please have your parent/guardian complete the "Parent Waiver form" on the Student Health Services website.