

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

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION A: REQUIRED for Undergraduate Student** \*NOTE: ALL TITERS MUST INCLUDE LAB REPORT

VACCINE TYPE	Month/Day/Year	Month/Day/Year	Month/Day/Year	*TITER DATE & RESULT
<b>MMR</b> Measles/Mumps/Rubella 2 doses on or after first birthday	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:		
<b>HEPATITIS B</b>	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:	3 <sup>rd</sup> dose:	
<b>MENINGITIS ACWY</b> after 16 <sup>th</sup> birthday (MCV4/Menactra/Menveo)	1 <sup>st</sup> dose:	Booster:		

**SECTION B: Recommended Immunizations**

<b>Td</b> Tetanus/Diphtheria				
<b>Tdap</b> Tetanus/Diphtheria/ Pertussis				
<b>COVID-19</b>	1 <sup>st</sup> dose (of 2-dose series):	2 <sup>nd</sup> dose (of 2-dose series):	Booster(s):	Single dose:
<b>VARICELLA</b> (Chickenpox)	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:		Disease Date:
<b>HEPATITIS A</b>	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:	3 <sup>rd</sup> dose:	
<b>HPV</b> (Gardasil or Cervarix)	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:	3 <sup>rd</sup> dose:	
<b>MENINGITIS B</b> Bexsero	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:		
Trumenba	1 <sup>st</sup> dose:	2 <sup>nd</sup> dose:	3 <sup>rd</sup> dose:	

**SECTION C: Tuberculosis Screening (Recommended)**

<b>TB SKIN TEST</b> by PPD (Mantoux)	Date Placed:	Date Read:	Result:
<b>INTERFERON-BASED ASSAY</b> (QTF or Tspot)	Date:	Result:	Submit copy of lab report
<b>CHEST X-RAY</b> Only if Positive TST or Lab Test	Date:	Result:	Submit copy of x-ray report

An official stamp from a doctor's office, clinic or health department AND an authorized signature must appear here

\*\*\*Official Office Stamp **REQUIRED HERE**\*\*\*

Physician or Authorized Signature **REQUIRED**

Date

EMAIL THIS FORM TO: [healthservices@stetson.edu](mailto:healthservices@stetson.edu)

FAX THIS FORM TO: 386-822-8152

MAIL THIS FORM TO: STETSON HEALTH SERVICE, 421 N.WOODLAND BLVD. UNIT 8415, DELAND, FL 32723

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**MENINGOCOCCAL DISEASE:**

*Symptoms:* Meningococcal bacteremia is a bloodstream infection is characterized by fever, headache, rash, and stiff neck. Other symptoms may include nausea, vomiting, and mental status changes. Symptoms develop and progress rapidly.

*Complications:* Meningitis can lead to loss of a limb, permanent neurologic impairment. It can also result in joint infection, pneumonia, organ system failure, shock, and death within 24-48 hours.

*Transmission:* Spread by direct contact with large droplet respiratory secretions (coughing, sneezing, kissing, mouth-to-mouth resuscitation).

*Vaccine:* The two vaccines available in the U.S. are meningococcal polysaccharide vaccine (MPSV4 or Menomune®), and meningococcal conjugate vaccine (MCV4, Menactra® and Menveo). Meningococcal vaccines protect against most types of meningococcal disease, although they do not prevent all cases. The vaccine is available through your local Health Department or physician.

*Who needs the Vaccine:* You should get either the MPSV4 vaccine or the MCV4 vaccine if: you are a college student living in a dormitory, military recruit, have a damaged spleen or your spleen has been removed, have terminal complement deficiency, a microbiologist who is routinely exposed to the causal pathogen, traveling or residing in countries in which the disease is common.

**MENINGITIS WAIVER:** I am 18 or older. I understand that I may be excluded from attending classes and other activities, and from living in on-campus housing for the duration of a breakout of this vaccine preventable disease which can last up to 21 days after the last case is detected at Stetson University. I agree that I shall be completely responsible for any costs associated with my exclusion from classes, activities and/or on-campus housing, including inability to receive a refund of tuition and fees due to medical withdrawal or course drop, or reimbursement for moving and/or travel expenses. By checking this waiver box I am stating that I have read the information provided about Meningitis and understand the potential fatal nature of the disease, the availability of the vaccine and the consequences, but choose not to be vaccinated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEPATITIS B:**

*Symptoms:* Hepatitis B is a serious disease caused by a virus that attacks the liver. About 30% of persons have no signs or symptoms. Signs and symptoms are less common in children than adults. These include: fatigue, abdominal pain, loss of appetite, jaundice, nausea, vomiting, diarrhea, joint pain.

*Complications:* The long-term effects of Hepatitis B have serious consequences like hepatocellular carcinoma (liver cancer). It can also cause lifelong infection, cirrhosis (scarring) of the liver and liver failure. Death from chronic liver disease occurs in 15%–25% of chronically infected persons. Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.

*Transmission:* Occurs when blood from an infected person enters the body of a person who is not infected. HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, or needles when injecting drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.

*Vaccine:* Hepatitis B vaccine is available for all age groups. The vaccine is given in a two or three shot series. The vaccine is available through your local Health Department or physician.

*Who needs the Vaccine:* Persons with multiple sex partners, men who have sex with men, diagnosis of a sexually transmitted disease, injection-drug user, sex contacts of infected persons, infants born to infected mothers, household contacts of chronically infected persons, infants/children of immigrants from areas with high rates of HBV infection, health-care and public safety workers who may be exposed to blood.

**HEPATITIS B SERIES WAIVER:** I am 18 or older. I understand that I may be excluded from attending classes and other activities, and from living in on-campus housing for the duration of a breakout of this vaccine preventable disease which can last up to 21 days after the last case is detected at Stetson University. I agree that I shall be completely responsible for any costs associated with my exclusion from classes, activities and/or on-campus housing, including inability to receive a refund of tuition and fees due to medical withdrawal or course drop, or reimbursement for moving and/or travel expenses. By checking this waiver box I am stating that I have read the information provided about Hepatitis and understand the potential fatal nature of the disease, the availability of the vaccine and the consequences, but refuse to be vaccinated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_