

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

**Proof of immunization must be documented on this form and signed by authorized personnel (provider, nurse) and stamped with official office stamp.**

**Required Immunizations for Undergraduate Students:**

- All undergraduate students born after December 31, 1956 must provide proof of immunity to Measles (Rubeola) and Rubella.
- MMR or Rubeola and Rubella immunizations **must have been given on or after first birthday (after one-year old);** OR *attach* serological evidence of Measles (Rubeola) and Rubella immunity (Blood Titer test).

<p><b><u>MMR (Measles, Mumps, and Rubella):</u></b>                  Date (1<sup>st</sup> Dose): _____                  Date (2<sup>nd</sup> Dose): _____</p>	<b>OR</b>	<p><b><u>Measles (Rubeola):</u></b>                  Date (1<sup>st</sup> Dose): _____                  Date (2<sup>nd</sup> Dose): _____                  Serological Titer results: <u>Attach Lab Result</u></p> <p><b><u>Rubella:</u></b>                  Date of Immunization: _____                  Serological Titer results: <u>Attach Lab Result</u></p>
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**Hepatitis B Series** (HBV) **REQUIRED** for undergraduate students living on campus and recommended for commuters, unless waiver has been signed.  
 Date (1<sup>st</sup> Dose): \_\_\_\_\_  
 Date (2<sup>nd</sup> Dose): \_\_\_\_\_  
 Date (3<sup>rd</sup> Dose): \_\_\_\_\_

**Meningitis given on or after 16<sup>th</sup> birthday** **REQUIRED** for undergraduate students living on campus and recommended for commuters, unless waiver has been signed.  
 Date(s): \_\_\_\_\_  
 Booster: \_\_\_\_\_

**Recommended Immunizations:**

**Please enter the dates of each immunization (and subsequent doses where applicable) below.**

TDaP within past 10 years (**Td not acceptable**)  
 Varicella (2 doses/date contracted): #1 \_\_\_\_\_ #2 \_\_\_\_\_ OR Date of Dz: \_\_\_\_\_  
 HPV Vaccinations: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 TB (PPD skin test) or Chest X-ray if positive Result: \_\_\_\_\_ Date: \_\_\_\_\_  
 BCG Vaccine: \_\_\_\_\_

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

**Office Stamp (required):**

Meningitis and Hepatitis B vaccine or signed waivers are required for residential undergraduate students. If you choose the waiver, you must first read the information about the diseases provided on the back of this form.

EXEMPTIONS: Exemptions to the immunization policy (based on Florida State Law and the University policy) may be granted for valid medical or religious reasons. If you are requesting an exemption, please contact Student Health Service at 386-822-8150.

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: \_\_\_\_\_