

Student Immunization History Form

Please allow 72 Business hours to be processed. Check your Student Portal account to verify your immunization status

Student's Name: Last	First	MI
University ID Number: Please leave blank, Office Use	Date of Birth ____ / ____ / ____	Age
Street Address		City
Zip Code	Phone	

	Section A: Vaccination	Month/Day/Year	Month/Day/Year	Month/Day/Year
Immunizations	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/Rubella titers (<u>must submit laboratory results</u> indicating immunity)
	HEPATITIS B Series of 3 vaccinations * OR sign waiver below	/ /	/ /	/ /
	MENINGOCOCCAL Please indicate which meningitis vaccine was given * OR sign waiver below	/ /	/ /	/ /
	PPD/TB(Tuberculosis)	/ / Date Placed	/ / Date Read	Result: _____ mm induration Positive () Negative ()
	Tetanus Toxoid Please indicate which tetanus vaccine was given	/ / TD	/ / Tdap	/ / Tdap

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

WAIVER OPT - OUT	<p>If you have not completed the Hepatitis B series or received the Meningitis vaccine, please check the corresponding boxes below. <u>Waivers DO NOT REQUIRE physician's signature.</u></p> <p><input type="checkbox"/> I have read the information regarding Hepatitis B and I decline receipt of the vaccine.</p> <p><input type="checkbox"/> I have read the information regarding Meningococcal Meningitis and I decline receipt of the vaccine.</p> <p style="text-align: center;">_____</p> <p>Signature of Student (or parent/guardian if under 18) Date</p>
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Please submit this completed form at least 3 weeks prior to registration to:
 Florida Polytechnic University, Student Development, 4700 Research Way, Lakeland,
 FL 33805, OR e-mail to Immunizations@floridapoly.edu