

## Immunization Requirements

As a University of Florida English Language Institute student, you are required to have specific immunizations on the UF immunization form. You will save time and money if you do this in your country. Please bring your completed form to the ELI when you arrive.

### Basic Instructions: Late, incomplete, or inaccurate information may delay registration.

- Have a doctor's office, clinic, or health department fill out the medical areas of the form. An official stamp and an official signature from one of these entities must be included for this document to be approved.
- Make a copy of the form and all lab reports to keep for your records.
- **Students under 18: A parent or guardian must sign for any waivers.**

### Section A: Required Immunizations

#### 1. MMR (Measles, Mumps, Rubella)

- Option 1: Provide dates of two doses.
  - Your first dose must have been on or after 12 months of age and in 1971 or later.
  - Your second dose must be after the year 1990.
- Option 2: Take a blood test. If you have immunity, attach the lab results IN ENGLISH to the Mandatory Immunization Health History Form.

#### 2. Hepatitis B

- Option 1: Provide dates of either the 2-dose or 3-dose vaccine series.
- Option 2: If you do not want this vaccine, mark the check box, sign, and date below Section A.

#### 3. MCV4 (Menactra/Menveo)

- Option 1: Provide the date of one dose.
- Option 2: If you do not want this vaccine, mark the check box, sign, and date below Section A.

#### 4. Tuberculosis Screening:

- The University of Florida does not accept BCG vaccine as a TST.
- Option 1: TB Skin Test by TST (Mantoux)
  - The TST test must be within one year of the semester you will attend the ELI.
  - The date it is read must be 48-72 hours after the date it is placed.
  - The TST can be placed the same day as the MMR or before the MMR vaccine is administered. If not, you need to wait for one month after you get an MMR vaccine or Varivax vaccine.
  - The measurement must be recorded in mm. Circle the result as "Neg" or "Pos."
- Option 2: Interferon-based Assay, IGRA, (QFT or Tspot)
  - If you do the blood test, attach the lab results IN ENGLISH to the Mandatory Immunization Health History Form.
- **If either screening is positive, you must get a chest X-ray and attach a copy of the report IN ENGLISH.**

If you have any questions or concerns about these requirements, please contact the English Language Institute.

Email: [StudyEnglish@eli.ufl.edu](mailto:StudyEnglish@eli.ufl.edu)  
Phone: + (1) 352-392-2070

OFFICE USE ONLY



# Mandatory Immunization Health History Form

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

UF ID Number (8 digits):

□	□	□	□	-	□	□	□	□
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## Section A: Required Immunizations

\*\*\* ATTACH LAB REPORT FOR ALL TITERS\*\*\*

Vaccine Name	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 12 months of age)			DO NOT WRITE HERE	
2. Hepatitis B OR sign waiver below				
3. MCV <sub>4</sub> (Menactra/Menveo) OR sign waiver below (only 1 dose required)			DO NOT WRITE HERE	DO NOT WRITE HERE

 I have read the information about Hepatitis B and decline receipt of this vaccine.

 I have read the information about MCV<sub>4</sub> (Menactra/Menveo) and decline receipt of this vaccine.
\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date\_\_\_\_\_  
STUDENTS UNDER 18: Parent/Guardian Signature AND Printed Name\_\_\_\_\_  
Relationship to Student\_\_\_\_\_  
Date

## 4. Tuberculosis Screening: Required for International Students

TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Neg	Pos
OR Interferon-based Assay (QFT or Tspot)	Date	Result	***Attach copy of lab report***		
Chest X-ray (if positive PPD or lab)	Date	Result	***Attach copy of chest X-ray report***		

## Section B: Optional Immunizations

\*\*\* ATTACH LAB REPORT FOR ALL TITERS\*\*\*

Vaccine Name	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
TD			DO NOT WRITE HERE	DO NOT WRITE HERE
Tdap (Adacel/Boostrix)			DO NOT WRITE HERE	DO NOT WRITE HERE
Varicella (Chickenpox)			DO NOT WRITE HERE	
Hepatitis A				
HPV (Gardasil or Cervarix)				DO NOT WRITE HERE
Polio (last date)			DO NOT WRITE HERE	DO NOT WRITE HERE
Meningitis B Vaccine:	Bexsero		DO NOT WRITE HERE	DO NOT WRITE HERE
	Trumenba			DO NOT WRITE HERE

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.

\_\_\_\_\_  
Official Office Stamp Here\_\_\_\_\_  
Physician or Authorized Signature\_\_\_\_\_  
Date