

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 and date for any waivers.**

Section A: Required Immunizations

1. MMR (Measles, Mumps, Rubella)

- Option 1: Provide dates of two doses. Your first dose must be on or after 12 months of age and in 1971 or later. Your second dose must be after 1990.
- Option 2: Take a blood test. If you have immunity, attach the lab results IN ENGLISH. If you do not have immunity, you must show the date of an MMR vaccination after the blood test.

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 after 2005.
- Option 2: If you do not want this vaccine, mark the check box, sign, and date below Section A.

4. Tuberculosis Screening:

- **Everyone must do either the skin test or blood test. Do not do a chest x-ray unless the skin test or blood test is positive.**
- University of Florida does not accept BCG vaccine as a tuberculosis screening.
- Attach all reports IN ENGLISH
- 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 included and recorded in mm. Circle the result as "Neg" or "Pos."
- Interferon-based Assay, IGRA (QFT or Tspot)
- Chest X-ray must be in addition to a positive skin test or blood test

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

Email: StudyEnglish@eli.ufl.edu

Phone: + (1) 352-392-2070

OFFICE USE ONLY

MRN: _____

**General Education
Immunization Form**

REQUIRED – UFID NUMBER (8 digits):

--	--	--	--	--	--	--	--

Name: _____ First Term of Attendance: ☐ FALL ☐ SPRING ☐ SUMMER

Date of Birth: _____ Phone: _____

SECTION A: Required Immunizations

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
1. MMR (Measles, Mumps, Rubella) (2 doses after 12 months of age)			--NOT APPLICABLE--	
2. Hepatitis B				
<input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine.				
_____ Student or Guardian Signature Date				
3. MCV4 (Menactra/Menveo) (must be from 2005 or later)			--NOT APPLICABLE--	
<input type="checkbox"/> I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.				
_____ Student or Guardian Signature Date				

4. Tuberculosis Screening (Required for International Students) Must be completed within the 12 months prior to start of classes.

TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QFT or T-SPOT)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

SECTION B: Optional Immunizations

Td		--NOT APPLICABLE--		
Tdap (Adacel/Boostrix)		--NOT APPLICABLE--		
Varicella (Chickenpox)			--NOT APPLICABLE--	
Hepatitis A				
HPV (Gardasil or Cervarix)				--NOT APPLICABLE--
COVID-19	Moderna			
	Pfizer			
	J&J			
Meningitis B	Bexsero			--NOT APPLICABLE--
	Trumenba			--NOT APPLICABLE--

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