Florida Polytechnic University
Office of Admissions
(863)874-4774
Immunizations@floridapoly.edu

Student Immunization History and Medical Consent 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	State
Zip Code	Phone	

Immunizations

Section A:Vaccination	Month/Day/Year	Month/Day/Year	Month/Day/Year
HEPATITIS B Series of 3 vaccinations * OR complete/sign waiver below	/ /	/ /	/ /
MENINGOCOCCAL A, C, W, Y Latest dose given after 16th birthday * OR complete/sign waiver below	/ /	/ /	/ /
For International Students ONLY			
PPD/TB(Tuberculosis)	/ / Date Placed	/ / Date Read	Result:_____mm induration Positive ( ) Negative ( )

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

If you have not completed the Hepatitis B series or received the Meningitis vaccine, please check the corresponding boxes below. Waivers **DO NOT REQUIRE** physician's signature.

☐ I have read the information regarding Hepatitis B and I decline receipt of the vaccine.*
☐ I have read the information regarding Meningococcal Meningitis and I decline receipt of the vaccine.*
*For more information, visit the Immunization Forms page on the Florida Poly website.

_____ _____
Signature of Student (or parent/guardian if under 18) Date

MEDICAL TREATMENT CONSENT: I hereby authorize the Student Health Care Center and the Counseling and Wellness Center at Florida Polytechnic University to employ diagnostic procedures and to render any treatment or medical, surgical, psychological or psychiatric care deemed necessary to the health and well-being of the student named below. I grant permission for the transfer of the student to an accredited hospital or other health care facility if deemed necessary by the medical or mental health provider.

Signature of Student (or parent/guardian if under 18): _____ Date:_____

Relationship to student:_____

Please submit this completed form at least 3 weeks prior to enrollment to:
Florida Polytechnic University, Office of Admissions, 4700 Research Way, Lakeland, FL 33805
OR e-mail to Immunizations@floridapoly.edu

7-16-25