FLORIDA POLYTECHNIC UNIVERSITY

Florida Polytechnic University
Student Affairs Office
(863) 583-9964 Phone
immunizations@flpoly.org

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	State
Zip Code	Phone	Student's Email

Immunizations

Section A:Vaccination	Month/Day/Year	Month/Day/Year	Month/Day/Year
MMR 1st vaccine must be given after 12 months of age; must be in 1971 or later; 2nd dose must be at least 28 days after 1st dose	/ /	/ /	*Two MMR vaccines may be substituted with a positive **Rubella/Rubella** titers (must submit laboratory results 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

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.

_____ _____

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

Please submit this completed form at least 3 weeks prior to registration to:
Florida Polytechnic University, Health Clinic, 4700 Research Way, Lakeland, FL 33805,
OR e-mail to immunizations@flpoly.org

Admit Term: _____

Admit Year: _____

Please Note: Listing your email address indicates you give permission to be contacted by that means regarding your immunization records and status.