

## 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: <b>Please leave blank, Office Use</b>	Date of Birth ____ / ____ / ____	Age			
Street Address		City			
Zip Code	State				
	Phone				
Immunizations	<b>Section A: Vaccination</b>	<b>Month/Day/Year</b>	<b>Month/Day/Year</b>	<b>Month/Day/Year</b>	
	<b>MMR</b> 1 <sup>st</sup> vaccine <u>must be given after 12 months of age</u> ; must be in 1971 or later; 2 <sup>nd</sup> dose must be at least 28 days after 1 <sup>st</sup> dose	/ /	/ /	/ /	*Two MMR vaccines may be substituted with a positive <b>Rubella/Rubella</b> titers ( <u>must submit laboratory results indicating immunity</u> )
	<b>HEPATITIS B</b> Series of 3 vaccinations * OR sign waiver below	/ /	/ /	/ /	/ /
	<b>MENINGOCOCCAL</b> Please indicate which meningitis vaccine was given * OR sign waiver below	/ /	/ /	/ /	/ /
	<b>PPD/TB(Tuberculosis)</b>	/ / Date Placed	/ / Date Read	/ /	Result: _____ mm induration Positive ( ) Negative ( )
	<b>Tetanus Toxoid</b> 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

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Physician or Authorized Signature

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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. <b><u>Waivers DO NOT REQUIRE physician's signature.</u></b></p> <p><input type="checkbox"/> I have read the <a href="#">information</a> regarding Hepatitis B and I decline receipt of the vaccine.</p> <p><input type="checkbox"/> I have read the <a href="#">information</a> regarding Meningococcal Meningitis and I decline receipt of the vaccine.</p> <p style="text-align: center;">_____ 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