



MANDATORY IMMUNIZATION HISTORY FORM

The State of Florida requires that all students attending school within the state comply with health and immunization laws to protect public health. This form is required of students who have been accepted to and will enroll at Jacksonville University. It must be completed, submitted and signed by a healthcare provider, the enrolling student and the student's parent or guardian (if under 18 years of age) prior to registration. Please upload the completed immunization record and any supporting documents to <https://www.medproctor.com/>.

SECTION A: REQUIRED IMMUNIZATION INFORMATION

MMR / MEASLES, MUMPS, RUBELLA VACCINE:

Required for all students born after December 31st, 1956, without laboratory evidence of disease. Two doses of MMR at least 28 days apart after 12 months of age **OR** 2 doses of Measles and 2 doses of Mumps at least 28 days apart after 12 months of age and 1 dose of Rubella after 12 months of age **OR** laboratory proof of immunity (blood titer) to measles/mumps/rubella. If any titers are collected, a copy of the official lab results must be submitted to Med+Proctor.

Td (Tetanus/Diphtheria) or/and Tdap (Tetanus/Diphtheria/Pertussis):

All students are required to have 1 dose of adult Tdap. If the last Tdap is more than 10 years old, the date of the last dose of Td and Tdap must be provided.

MenACWY (MENACTRA/MENVEO) / MENINGOCOCCAL MENINGITIS VACCINE: Required for Residential Students

The Advisory Committee on Immunization Practices recommends this vaccine for college freshmen planning to live in residence halls. All students living on JU campus are required to show proof of a booster dose given on or after their 16th birthday. Medical and religious exemptions can be approved with proper documentation and a waiver must be signed indicating they have received and reviewed information regarding the risks associated to acquiring Meningococcal Meningitis and the benefits of receiving immunization to reduce those risks. The CDC's Vaccine Information Statement can be located here:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>. If you are under 18 and wish to decline this vaccine, a parent must sign the waiver for you.

HEPATITIS B VACCINE: Required for Residential Students

Students are required to show proof of the completed two or three-shot vaccination series. Medical and religious exemptions can be approved with proper documentation and a waiver indicating they have received and reviewed information regarding the risks associated with acquiring Hepatitis B and the benefits of the vaccination to reduce those risks. The CDC's Vaccine Information Statement can be located here: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>. If you are under the age of 18 and you wish to decline this vaccine, a parent or guardian must sign the waiver for you.

TUBERCULOSIS SCREENING: Required for International Students

International students must have completed testing within 12 months of matriculation. Tuberculosis testing can be met by Tuberculin Skin Test (TST) **OR** an Interferon-gamma release assay lab test (IGRA). If either test returns positive, then a chest X-ray must be completed and a report in English must be submitted to Med+Proctor along with the treatment given, if indicated.

- **FOR TST (Mantoux):** The result of the TST must be recorded in mm in the space provided on the form and whether considered negative or positive.
- **For Interferon-gamma release assay (IGRA) (QuantiFERON Gold):** A copy of the official lab report must be submitted.

SECTION B: OPTIONAL IMMUNIZATIONS

• Varicella (Chickenpox):

Provide proof of two doses of Varivax at least 4 weeks apart **OR** provide laboratory immunity to varicella. Please note that all documented titers must include the actual lab report.

• **Hepatitis A Vaccine, HPV, Polio:** In this section you may also list any additional vaccines that were administered.

• **COVID-19:** Please select whether Pfizer, Moderna or Johnson & Johnson Vaccine given, and dates administered.

• **Meningitis B:** Please select whether Bexsero (2 doses) or Trumenba (3 doses) in the space provided. View the CDC Vaccine information sheet at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>



Exemptions: 1) Religious exemption must be accompanied by a signed statement from your church or a personal statement of your religious tenant and student/guardian completion of vaccine waiver; and 2) Medical exemption requires specific, written documentation on office letterhead signed by a healthcare provider. The student/guardian must also sign the vaccine waiver.

IMMUNIZATION RECORD

Last Name:	First Name:	MI:	Student ID#:
Email:	Cell#:	Date of Birth:	

SECTION A: REQUIRED IMMUNIZATIONS

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date and Result (Must include lab report)
MMR (Measles, Mumps, Rubella)			-NOT APPLICABLE--	
Td				-NOT APPLICABLE--
Tdap (Adacel/Boostrix)				-NOT APPLICABLE--
MenACWY (Menactra/Menveo)				--NOT APPLICABLE--

WAIVER By checking the box and signing below you are indicating you have read the information about Meningococcal Meningitis and decline to receive this vaccine based on religious or medical reasons. Along with this form upload required exemption documentation to Med+Proctor.

Student Signature
Parent/Guardian Signature (if under 18 years of age)
Date

HEPATITIS B	#1	#2	#3	--NOT APPLICABLE--
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WAIVER By checking the box and signing you are indicated you have read the information about Hepatitis B and decline to receive this vaccine based on religious or medical reasons. Along with this form, upload required exemption documentation to Med+Proctor.

Student Signature
Parent/ Guardian Signature (if under 18 years of age)
Date

Tuberculosis Screening (Required for International Students) Must have been completed within 12 months of Matriculation.

TB Skin Test by TST (Mantoux)	Date Placed	Date Read	MM:	Results: Neg Pos (Circle one)
OR IGRA TB Test (QuantiFERON Gold)	Date	Result	Submit copy of lab report in English	
Chest X-ray (only if positive TST or IGRA Test)	Date	Result	Submit copy of X-ray report in English	

SECTION B: Optional Immunizations

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date and Result (Must include lab report)
Varicella (2 doses)			-NOT APPLICABLE-	
Hepatitis A				--NOT APPLICABLE--
COVID-19 (Pfizer, Moderna or J&J)				--NOT APPLICABLE--
HPV (Gardasil or Cervarix)				--NOT APPLICABLE--
Meningitis B	Bexsero Trumenba			-NOT APPLICABLE-

An official stamp from a healthcare provider's office, clinic or health department and signature must appear on this form to be approved.

Official Office Stamp
Healthcare Provider's Signature
Date