Important! Please Do Not Delay.

Immunization records are required for you to continue with class registration at UWF.

Please Email, Fax, or Mail the completed Mandatory Immunization Health History Form to UWF Student Health Services.

No cover sheets needed.

Vaccines are available at UWF Student Health Services.
Mandatory Immunization Health History Form Instructions: Read & Follow

Checklist/Basic Instructions: DO NOT WAIT! Late, incomplete, or inaccurate information will delay registration.

- ALL students (both on-campus & online only students) MUST complete Sections A & C.
- Complete Section B ONLY if applying for an exception or waiver. See “Information about Required Immunizations” below for details on applying for exceptions/ waivers.
- Include the student’s UWF ID on all correspondence. Print all student information legibly (name, phone, etc.).
- If you are submitting proof of immunization: Have a doctor’s office, clinic, or health department complete the medical areas of the form (Section A). An official stamp AND an official signature from one of these entities must be included for this document to be complete and approved.
- If you are requesting an immunization exception/waiver, you do not need to complete Section A relating to the corresponding vaccine. Please see http://www.uwf.edu/healthservices/ImmExceptions.cfm for details on requesting an exception, including any required documentation. Check the appropriate box(es) on the form under Section B for exceptions/waivers, sign and date the form.
- Students under 18: A parent/guardian signature must be included for Section B (if applicable) & Section C.
- KEEP A COPY FOR YOUR RECORDS. Should anything be amiss, you can easily refer to what was sent to us.
- EMAIL, FAX, or MAIL only the completed immunization form (and lab reports as needed) at least three (3) weeks prior to orientation/registration. Email: immunizations@uwf.edu; Fax: (850) 857-6100; Mail: University of West Florida, 11000 University Pkwy, Building 960 - Suite 106, Pensacola, FL, 32514
- Visit the “Immunizations” section of the UWF Student Health Services website at www.uwf.edu/healthservices for more information and for details on the criteria that must be met in order to qualify for vaccine exceptions/waivers.
- Check your status on your MyUWF account (my.uwf.edu) & search for Immunization Status. Your status will be updated after your documentation has been reviewed and processed.
- Turnaround times for lifting holds are typically no longer than a few hours, but please be aware there are peak times in which it may take longer due to the volume of forms received.

Information about Required Immunizations

1. MMR Vaccine – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is given because it protects from measles, mumps and rubella. Two doses are required for entry into UWF. The first dose must have been received at 12 months of age or later, and in 1969 or later. The second dose must have been received at least 28 days after the first dose. The following vaccination documentation will be accepted if MMR was not received:
   - Measles (Rubeola): Proof of two (2) doses is required. The first dose must have been received at 12 months of age or later and in 1969 or later. The second dose must have been received at least 28 days after the first dose
   - AND Rubella (German Measles): Proof of one dose at 12 months of age or later, and in 1969 or later, is required.

If immunization documentation is unavailable, the student may submit laboratory evidence of immunity to measles and rubella on a laboratory form (IGG antibody or titer).

Exception: Please see http://uwf.edu/healthservices/ImmExceptions.cfm for details on applying for MMR exception. Students who meet one of the 4 criteria and wish to apply for this exception must complete Section B and submit all required documentation. Signing the exception indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline the vaccine, a parent/guardian signature is required.

2. Hepatitis B Vaccine – Students wishing to decline this vaccine must read the Hepatitis B information at http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html, and then complete Section B on the immunization health history form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline the vaccine, a parent/guardian signature is required.

3. Meningococcal Meningitis Vaccine MCV4 (Menactra or Meneveo) – This vaccine is required if living on campus at UWF. If the first dose of MCV4 was received before the age of 16 years, a booster dose is required. Students who live off-campus who wish to decline this vaccine must read the Meningococcal Meningitis information at http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html, and then complete Section B on the immunization health history form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline the vaccine, a parent/guardian signature is required.
Mandatory Immunization Health History Form

Last Name: ___________________________ First Name: ___________________________ UWF ID: ___________________________

Date of Birth: (MM/DD/YYYY) _______________________ Age: _____ Contact Phone: _________________________

Section A: Required Immunizations  *NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED*

<table>
<thead>
<tr>
<th>1. MMR (2 doses on or after 1st birthday)</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Titer Date &amp; Result*</th>
</tr>
</thead>
<tbody>
<tr>
<td>On or after 1st birthday</td>
<td>At least 28 days later</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td></td>
</tr>
<tr>
<td>OR Measles</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td>DO NOT WRITE HERE</td>
<td></td>
</tr>
</tbody>
</table>

Section B: EXCEPTIONS/WAIVERS (Complete this section ONLY if you are applying for an exception/waiver)

☐ I meet one of the 4 criteria for the MMR vaccine exception found at http://uwf.edu/healthservices (visit website for information regarding the additional documentation that is required).

For MMR exception check all that apply:  O Active Duty Military  O Medical Basis  O Online Students  O Religious Basis

☐ I have read the information about the Hepatitis B waiver (see instructions page) and decline receipt of this vaccine.

☐ I have read the information about the Meningococcal Meningitis (MCV4) waiver (see instructions page) and decline receipt of this vaccine and will NOT be living on any UWF campus.

Signature of Student ___________________________ Date __________

Signature of parent/guardian _________________________ Relationship to student _________________________ Date __________

Section C: Medical Treatment Consent (Signature of student (and parent, if under 18) required below)

I hereby authorize UWF Student Health Services to evaluate and employ diagnostic procedures and to render any treatment or medical, surgical, psychological or psychiatric care deemed necessary for my health and well-being. I grant permission for the transfer to an accredited hospital or other health care facility if deemed necessary by the medical or mental health provider.

Signature of Student (REQUIRED) ___________________________ Date __________

Signature of parent/guardian (REQUIRED if student is under 18) ___________________________ Date __________

Signature of parent/guardian (REQUIRED if student is under 18) ___________________________ Date __________

IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.

Email, Fax, or Mail only this one (1) page (and lab reports as needed) at least three (3) weeks prior to registration.

Email: immunizations@uwf.edu; Fax: (850) 857-6100; Mail: University of West Florida, 11000 University Pkwy, Building 960 – Suite 106, Pensacola FL, 32514