

Immunization Form

PBA ID#			Check all that apply: □ FT Undergraduate □ Part-Time/Evening □ Graduate □ Resident □ Commuter □ Nursing □ Pharmacy □ International		
		□ Resident			
Birthdate://_	hdate:/ Current Age:		First term/year of PBA enrollment: □ Fall □ Spring □ Summer		
	CAMED DAY AVOLID THE A TEXT OF		⊔ Spring		
	GNED BY YOUR HEALTH C				
	es received even if not requir				
REQUIRED for	VACCINE or TEST	Date MM/DD/YY	Notes	/Titer Dates	
ALL Full-Time undergraduates	Measles, Mumps, Rubella #1 (MMR1)		or Positive Titer Dates Measles		
born after 1956	Measles, Mumps, Rubella #2 (MMR2)		Mumps_		
List all dates if given separate			Rubella		
Additional requirements for students living on campus Per Florida Statute 1006.69 resident students must receive these vaccines or decline.*	Hepatitis B #1 (Hep B 1)		or Positive Titer Date#3 not needed if 2-dose series given. Please indicate "2 dose" if applicable		
	Hepatitis B #2 (Hep B 2)				
	Hepatitis B #3 (Hep B 3)				
	Meningococcal (ACWY) #1		#2 recommended if #1 was given before age 16		
	Meningococcal (ACWY) #2				
	ent/legal guardian if under 18 yea		www.cdc.gov/vaccines Date)	
Signature of student or par I have read the information	ent/legal guardian if under 18 yea n about Meningococcal Meningitis	rs of age and decline the Meningi	Date itis vaccine. (www.co		
Signature of student or par I have read the information	ent/legal guardian if under 18 yea	rs of age and decline the Meningi	Date		
Signature of student or par I have read the information Signature of student or pare Recommended	ent/legal guardian if under 18 yea n about Meningococcal Meningitis	rs of age and decline the Meningi	Date itis vaccine. (www.co		
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