

**University of Miami Miller School of Medicine
Medical Student Immunization Record**

**Complete and return before JULY 1st
to avoid a registration hold and
restriction from attending class.**

I. TO BE COMPLETED BY STUDENT (please print)

Name _____
Last, First M. I.

Entering UMMSM: Yr _____

UM Student # _____

Date of Birth _____
month day year

II. TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER

MEASLES, MUMPS, AND RUBELLA IMMUNIZATION, OR LAB EVIDENCE OF IMMUNITY.

1) Two doses of MMR OR 2) Serologic proof of immunity to measles, mumps and rubella

MMR dose #1 _____ (after age 12 months, and in 1968 or later)
month day year

dose #2 _____ (at least 28 days after dose #1)
month day year

Measles immunity _____ copy attached
month day year

Rubella immunity _____ copy attached
month day year

Mumps immunity _____ copy attached
month day year

HEPATITIS B VACCINATION AND LAB EVIDENCE OF IMMUNITY:

3 doses of vaccine followed by a quantitative Hepatitis B Surface Antibody (titer) drawn at least 4 weeks after 3rd dose. If Hepatitis B Surface Antibody (titer) is negative, please obtain a booster dose and repeat a titer 1-2 months later. Please submit the Medical Student Immunization Addendum form to document booster/additional doses.

Hepatitis B dose #1 _____ QUANTITATIVE Hep B Surface Antibody positive negative
month day year

dose #2 _____ copy attached
month day year

dose #3 _____
month day year

VARICELLA IMMUNIZATION (TWO DOSES), OR LAB EVIDENCE OF IMMUNITY

Varicella dose #1 _____
month day year

Varicella dose #2 _____ (at least one month apart)
month day year

Varicella immunity _____ copy attached
month day year

TETANUS/ DIPHTHERIA/ PERTUSSIS IMMUNIZATION (Tdap within last 10 years, can be given regardless of interval since last Td)

Tdap _____
month day year

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Name _____ UM Student # _____
Last, First M. I.

TUBERCULOSIS (TB) SCREENING (Read Directions Carefully)

A TB skin test will be performed at orientation.

If a TB test (TB skin test or TB IGRA blood test) has been **NEGATIVE** within the last year, document below.

- Negative Tuberculin Skin Test (TST) Date _____
month date year
- Negative IGRA blood test Date _____ Copy attached
month date year

If a TB test (TB skin test or TB IGRA blood test) has been **POSITIVE** anytime, document below.

- Positive Tuberculin Skin Test (TST) Date _____
month date year
- Positive IGRA blood test Date _____ Copy attached
month date year

Chest X-Ray Required **ONLY** for those with history of positive TB test (Tuberculin Skin Test or IGRA blood test)

Chest X-ray Normal Abnormal _____
month date year

(A copy of the chest X-ray report must be attached to this form)

If TB test was positive and chest X-ray was negative: Was treatment of latent Tb offered? Yes No

Was treatment of latent Tb accepted? Yes No

Details of treatment including drug, dose, frequency, and duration:

Name & title of physician or health care provider Signature Date

I attest that all dates and immunizations listed on this form are correct and accurate.

Name & title of physician or health care provider Signature Date

Office Address _____

City State **LICENSE #** Zip Telephone

Scan & email form to studenthealth@miami.edu Alternatively, fax to (305) 284-4098 or mail to 5555 Ponce De Leon Blvd, Coral Gables, FL 33146

Immunization information is provided to the State of Florida FLORIDA SHOTS immunization registry. Students can opt-out of the immunization registry by contacting us at studenthealth@miami.edu. This is an opt-out of sharing immunization information with the State of Florida registry and NOT an opt out of the immunization requirement.