

**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 (one dose on or after 11th birthday)

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.