

University of Miami School of Nursing Immunization Form

Complete and return this Immunization Form before the deadline.

DEADLINES: Fall – July 25 Spring – December 15
Summer – April 15th

I. TO BE COMPLETED BY STUDENT (please print)

Name _____ Entering UM: Fall ___ Spring ___ Summer ___ Yr _____
Last, First M. I.

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 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 _____ (lab result must be provided)
month day year

Rubella immunity _____ (lab result must be provided)
month day year

Mumps immunity _____ (lab result must be provided)
month day year

HEPATITIS B IMMUNIZATION OR LAB EVIDENCE OF IMMUNITY Three doses of Hepatitis B immunization or serologic proof of immunity. Verification of serological proof of immunity recommended but must be 1 – 2 months after dose # 3.

Hepatitis B dose #1 _____ Hepatitis B immunity positive negative
month day year (lab result must be provided)
dose #2 _____ month day year
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 after dose # 1)
month day year

Varicella immunity _____ (lab result must be provided)
month day year

TETANUS/ DIPHTHERIA/ PERTUSSIS IMMUNIZATION (one dose of Tdap or Td within the last 10 years)

Tdap _____ Td _____
month day year month day year

MENINGOCOCCAL MENINGITIS IMMUNIZATION (required for undergraduates) OR DECLINATION (only for graduate students)

Menactra/Menveo/Menquadfi _____
month day year

Decline immunization: I have read the information provided and decline the **Meningococcal Meningitis** vaccine.

Signature of Student

Date

