

University of Miami Immunization Record

Complete and return this form before the deadline to avoid a \$50 fee and /or registration hold

DEADLINES: Fall - August 22nd Spring - January 15th
Summer - April 15th

I. TO BE COMPLETED BY STUDENT (please print)

Name _____ UM Student# _____ Date of Birth _____
Last First M. I. mo day year

II. TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER

REQUIRED: DOCUMENTATION OF MEASLES, MUMPS AND RUBELLA IMMUNIZATION, OR LAB EVIDENCE OF IMMUNITY. All students born after 1956 must have received either:

1) Two doses of MMR or serologic proof of immunity to measles, mumps and rubella and 2) Tdap

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

dose #2 _____ (at least 30 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

Tdap _____ (within last 10 years, may be given regardless of interval since last Td)
month day year

REQUIRED IMMUNIZATIONS OR SIGNATURE DECLINING: Hepatitis B (3 shots), Meningococcal Meningitis

Hepatitis B Dose #1 _____ Dose #2 _____ Dose #3 _____
mo day yr mo day yr mo day yr

I have read the information provided and decline the **Hepatitis B** vaccine

Signature of student or parent/legal guardian if under 18 years of age date

Meningococcal Meningitis Menactra/Menveo or Menomune _____
mo day yr

(recommended for 1st year students living in residence halls. If given before age 16, booster suggested)

I have read the information provided and decline the **Meningococcal Meningitis** vaccine

Signature of student or parent/legal guardian if under 18 years of age date

RECOMMENDED: Varicella (Chicken Pox)

Varicella History of disease? yes no Immunity _____
mo day yr

Dose #1 _____ Dose #2 _____
mo day yr mo day yr

REQUIRED: ALL INTERNATIONAL STUDENTS must answer the questions on page two of this form to determine the requirement for additional Tuberculosis (Tb) screening. Tb testing must be completed within six months prior to arrival on campus, or by one month after arrival on campus.

Name & title of physician or health care provider Signature Date

Address

City State Zip Telephone

UPLOAD INFORMATION at mystudenthealth.miami.edu. Alternatively, enter information and scan and email, fax or mail to: studenthealth@miami.edu, Fax (305) 284-4098, 5555 Ponce De Leon Blvd, Coral Gables, FL 33146

VERIFICATION OF RECEIPT AND PROCESSING CAN BE OBTAINED at mystudenthealth.miami.edu

Immunization information is shared with the FLORIDA SHOTS registry. Contact studenthealth@miami.edu for registry opt-out information

