



THE FLORIDA STATE UNIVERSITY
UNIVERSITY HEALTH SERVICES
 HEALTH & WELLNESS CENTER

REQUIRED

STUDENT ADMISSIONS HEALTH
 HISTORY (**FAMU Co-op**)



YOU WILL NOT BE CLEARED TO REGISTER AT FSU WITHOUT THIS COMPLETED FORM AND
 ADEQUATE PROOF OF IMMUNIZATIONS ON FILE.

Bring this form and **two** copies of the
 FAMU Immunization Record to:
 the Health Compliance Office
 960 Learning Way, Room 1005
 TALLAHASSEE, FLORIDA 32306-4178

Information:
 healthcenter.fsu.edu
 Immunizations: 850.644.3608

SECTION A-

PLEASE PRINT LEGIBLY (ILLEGIBLE FORMS WILL NOT BE PROCESSED)

NAME Last		First		Mi	DOB	FSU SN or FSU ID	Sex F <input type="radio"/> M <input type="radio"/>	Race
Address				City	State		Zip	
Home Phone: ()					Cell Phone: ()			
Email Address:								
Primary Care Physician:			Address			Phone/Fax		

SECTION B-

To be completed by Clinician/Records Custodian -

BOTH IMMUNIZATIONS MUST BE COMBINED MMRs. SINGLE SHOTS ACCEPTED ONLY IF ADMINISTERED ON THE SAME DATE.

If your attached FAMU form has the required immunizations, the MMR dates do not need to be entered here. Make certain to bring TWO copies of the FAMU record.

MMR	Dose 1	Dose 2	
Meningococcal	Dose 1		
Hepatitis B	Dose 1	Dose 2	Dose 3

Attach any physician comments, on physician's letterhead, regarding medical contraindication to immunizations.

AUTHORIZED CLINICIAN SIGNATURE: My signature verifies, as of this date, all entries documented. The form must be signed by the person who entered the information.

TYPED OR PRINTED NAME

AUTHORIZED SIGNATURE

DATE

OFFICE STAMP WITH OFFICE ADDRESS & fax

SECTION C-

MUST Be Completed By Student

STUDENT SIGNATURE REQUIRED REGARDLESS OF AGE. I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS for FSU. This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for my treatment at University Health Services and for my registration here or at any other university.

Signature _____

Today's Date _____

I have received the required information regarding the risks of acquiring meningococcal meningitis and Hepatitis B and the benefits of receiving immunizations to reduce those risks. I also understand that I am required to receive these immunizations or to actively decline the immunizations. I understand that declining these vaccines now does not mean I may not receive them in the future.

_____ I decline receiving the meningococcal meningitis vaccine.

_____ I decline receiving the hepatitis B vaccine

Initials

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