

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE –JACKSONVILLE
REQUIRED HEALTH INFORMATION RECORD**

Please type or print legibly. This form must be filled out completely – no substitute will be accepted.

PART 1 (to be completed by student)

Name: _____

Date of Birth: _____ Last 4 of Social Security Number (required): _____

**DO NOT SEND IMMUNIZATION RECORDS IN PLACE OF THIS FORM
Failure to complete this form in its entirety will delay the approval process.**

All students must answer the following questions to determine his/her immunization status in order to meet the measles and rubella requirement of the Florida Board of Regents. If any answer is "YES", then follow the instructions at the right. If all answers are "NO", then proceed to Part 2.

Born before January 1, 1957?	Yes / No	If "Yes" then: Rubella only required
Had confirmed measles or rubella?	Yes / No	Provide documentation
Had a blood test proving immunity?	Yes / No	Provide documentation
Documentation: attach physician letter, or titer results		Rubella Titer Date _____ Results _____ Measles Titer Date _____ Results _____

PART 2 (to be completed by Physician, School, Public Health Clinic or comparable official where student is enrolled)

REQUIRED IMMUNIZATIONS

Date in mm/dd/yyyy format

Measles (one dose at 12 months of age or older and in 1968 or later)	_____
Measles booster (second dose one month or more after first dose)	_____
Rubella (one dose at 12 months of age or older and in 1968 or later)	_____
Tdap	_____
Hep B Titer Date _____ Results _____	OR Immunization #1 Date _____ Immunization #2 Date _____ Immunization #3 Date _____
Varicella Titer Date _____ Results _____	OR Immunization #1 Date _____ Immunization #2 Date _____
<i>Note: History of varicella (chicken pox) is not sufficient</i>	
PPD (within 12 months of the rotation start date, attach results of other testing) Date _____	Results (in mm) _____

I have reviewed the records available, and to the best of my knowledge the above named student has been adequately immunized against measles and rubella as required by the Board of Regents, State University System of Florida, as well as the other required immunizations and testing as above.

Name of Official: _____ Title: _____

Signature _____ Date: _____

OEA Use only

Immunizations Complete _____ Immunization Deficiencies _____