

Saint Thomas University requires all students to comply with the following immunization policy regulations from the Florida Board of Governors as a requisite to registration. Proof of immunization, immunity, or exemption must be satisfied and signed by your health care provider. Dates must include Month, Day, and Year (MM/DD/YY). **Please keep original for your records.**

Name: \_\_\_\_\_  
Last
First
Middle

Bobcat ID Number: \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mandatory – TO BE COMPLETED BY AUTHORIZED MEDICAL PERSONNEL ONLY**

If you were born after January 1, 1958, **proof of TWO doses of measles (rubella) and ONE dose of rubella** (German measles) is required.

**A. Measles (Rubeola):** Must show proof of ONE of the below requirements:

Dose # 1: _____ Dose # 2: _____ Immunization with TWO doses of measles vaccine—the first given on or after the first birthday, the second given at least 30 days after the first, AND BOTH in 1958 or later.	<b>OR</b>	Blood test: _____ Blood test showing the presence of measles antibody—a written, dated statement signed by a physician on his/her stationery stating the date you had the disease.
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**Rubella (German Measles):** Must show proof of ONE of the below requirements:

Please note: having had the rubella disease is NOT acceptable proof.

Dose # 1: _____ One dose of rubella vaccine on or after the first birthday in 1969 or later; blood test showing the presence of the rubella antibody.	<b>OR</b> the MMR combined (measles, mumps, rubella)	Dose # 1: _____ Dose # 2: _____ One dose of the MMR vaccine on or after the first birthday; the second dose must be at least 30 days after the first, AND BOTH must be in 1968 or later.
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**B. Meningococcal Meningitis: Mandatory (for students residing on campus)**

Meningitis is an infection of the fluid of the spinal cord and brain caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (e.g., coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for the viral type.

<p><b>I have received the meningitis vaccine.</b> One dosage required:</p>		
Date meningitis vaccine received:	_____ / _____ / _____ Month          Day          Year	

- C. Hepatitis B:** Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected individuals. The hepatitis B vaccine can provide immunity against infection for people at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have had sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

<p><b>I have received the hepatitis B vaccine as follows:</b></p> <p>Dose # 1 Date: ____/____/____  Dose # 2 Date: ____/____/____ (1 month after first dose)  Dose # 3 Date: ____/____/____ (6 months after first dose)  <b>Office Stamp</b> to include name of physician/medical facility:</p>	<p><b>OR</b></p>	<p><b>Waiver of Liability:</b> I have received and read the information pertaining to hepatitis B. Despite the fact that I understand the risks involved, I refuse to receive the hepatitis B vaccine.</p> <p>Signature of student (or parent/legal guardian, if under 18 years of age): _____  Date: _____  Signature of witness: _____  Date: ____/____/____</p>
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**Health Care Provider  
Office Stamp Required**

**Health Care Provider Signature:** \_\_\_\_\_

**Credentials Required:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you were born before December 31, 1957, you are exempt from these requirements. A photocopy of your driver's license, ID card issued by a state, or passport showing proof of age must be attached.

**VALID EXEMPTION FROM PROVIDING IMMUNITY**

- 1. Medical exemptions**—must produce a current letter from a doctor, signed, on his/her stationery, stating the reason for exemption and whether it is a temporary or permanent exemption.
- 2. Religious exemptions**—must provide a current letter on house of worship's stationery, signed by minister, priest, rabbi, or head of house of worship, stating the reason for exemption and whether it is a temporary or permanent exemption.

**ACCEPTABLE FORMS DOCUMENTATION**

The following documents are acceptable proof of immunity of measles and rubella. Forms must include specific dates, and the dates must satisfy the requirements stated previously.

1. HRS (Department of Health and Rehabilitation Services) records
2. Childhood immunization records
3. School immunization records
4. Military service records
5. Document indicating blood tests

**WHERE TO GET IMMUNIZED OR TESTED**

1. Jessie Trice Community Health Centers, Inc.  
305.628.6690
2. Public Health Department: (954) 467-4943 (FEE)
3. Private physician or walk-in clinic

**Please submit this completed form to**  
Saint Thomas University / Student Health Center  
16401 NW 37 Avenue, Miami Gardens, FL 33054  
Phone: 305.628.6690 / Fax: 305.628.6697  
**Retain original for your records**