

IMMUNIZATION DOCUMENTATION FORM

STUDENT NAME: _____ DATE OF BIRTH: ____/____/____

EMAIL ADDRESS: _____ PHONE: _____

Select your class:

UNDERGRADUATE GRADUATE LAW

Living on campus: YES NO

International Student: YES NO

STU ID NUMBER (REQUIRED):

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Required Immunizations (requirements for ALL students)

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
MMR (Measles, Mumps, Rubella) (2 doses taken 28 days apart, on or after 12 months of age)			N/A	
OR: Measles (2 doses taken after 1968) AND Rubella (1 dose taken after 1968)			N/A	
		N/A	N/A	
Hepatitis B (3 doses) (second dose at least 28 days after the first, and third dose at least 56 days after the second)				

I have read the information about Hepatitis B and decline receipt of this vaccine.

Student or Guardian signature (if student is under 18 years old)

Date

Meningitis (MCV4/Menactra/Menveo) (NOT Meningitis B)			N/A	N/A
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I have read the information about Hepatitis B and decline receipt of this vaccine.

Student or Guardian signature (if student is under 18 years old)

Date

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.

Physician or Authorized Signature

OFFICIAL OFFICE STAMP HERE

Date

Please submit this completed form at least **FOUR WEEKS** prior to registration date.

Maria Garavito-Bedoya, LMHC

Director of Student Health

Student Center, Division of Student Affairs

Phone: (305) 628-6695 | Email: studenthealth@stu.edu

IMMUNIZATION POLICY:

As a prerequisite to registration, St. Thomas University requires all students to comply with the following immunization policy regulations from the Florida Board of Governors regarding measles, mumps, rubella, meningococcal meningitis (**MANDATORY for students residing on campus**) and hepatitis B immunity.

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. Public Health Department: (954) 467-4943 (FEE)
2. Private physician or walk-in clinic
3. For more information, please contact Maria Garavito-Bedoya, LMHC – Director of Student Health: (305) 628-6695

HOW TO SUBMIT YOUR RECORDS:

NOTE: RETAIN ORIGINALS FOR YOUR RECORDS

- **Email:** studenthealth@stu.edu
- **Mail:** Division of Student Affairs
16401 NW 37th Avenue,
Miami Gardens, FL 33054

– FOR OFFICIAL USE ONLY –

Received by: _____ **Date:** _____ **Record Status:** _____

Other comments: _____
