



STUDENT IMMUNIZATION RECORD Instructions

Part A: The demographic (name, address, etc) information must be completed by the student.

Part B: This is a one-time requirement.

The immunization section of the Student Immunization Record must be completed by Authorized Personnel ONLY. To be considered official, this form and any additional records submitted must include:

- The signature of the authorizing person and
- an office stamp showing the complete office address, telephone and fax number,
- the student's name and date of birth and
- the front cover of all documents attached as supporting documents.

We reserve the right to interpret the validity of all documents submitted. Changes, additions, write-overs, use of different-colored ink or different handwriting or use of white-out MUST BE COMPLETELY REAUTHORIZED by the authorizing person's initials and date beside the changed information. All documents must be dated, signed and legible to be processed.

REQUIRED DATES MAY NOT BE ENTERED BY STUDENT OR PARENT.

Students born BEFORE 1/1/57 should complete the Immunization Record form and decline the meningococcal meningitis and hepatitis B vaccines at the waiver in the spaces provided, sign the form and submit it.

Students born on or after 1/1/57 must provide proof of two MMR (measles, mumps and rubella) immunizations. The first MMR must have been given on or after 1/1/68 and on or after the first birthday. The second MMR must have been given 28 days or more after the first MMR. Positive IgG titers for measles (Rubeola), German measles (Rubella) and Mumps antibodies may be submitted in lieu of proof of two MMR. Copies of the lab results showing the positive titers must be provided to the Health Compliance Office before the student will be able to register for classes.

Part C: To decline either the meningococcal meningitis and/or the Hepatitis B vaccines, first read the vaccine information on the [Health Requirements](#) page, then place your initials and the date in the space(s) provided.

The student must sign this form in Part C after the clinician/records custodian has completed and signed his/her part. Clearance for registration for classes will not be given without the **patient and provider signature on this page.**



STUDENT IMMUNIZATION RECORD

YOU WILL NOT BE CLEARED TO REGISTER AT FSU UNTIL THIS COMPLETED FORM IS ON FILE AT THE HEALTH COMPLIANCE OFFICE

MAIL OR FAX COMPLETED PAGE TO:
 Florida State University Panama City
 Office of Student Affairs
 4750 Collegiate Drive
 Panama City, FL 32405

INFORMATION:
 WEBSITE: pc.fsu.edu
 PHONE: (850) 770-2170
 FAX: (850) 747-5434

PART A - To be completed by the student. Please print legibly (illegible forms will not be processed)

NAME: _____
 Last First MI DOB: mm/dd/yyyy EMPLID or FSU ID

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____

Email address: _____

PART B - To be completed by clinician or records custodian.

REQUIRED

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

MMR	Dose 1 _____ Month Day Year	Dose 2 _____ Month Day Year	
Meningococcal Vaccine If not provided student must sign required waiver	Dose 1 _____ Month Day Year	Dose 2 _____ (if applicable) Month Day Year	
Hepatitis B If not provided student must sign required waiver	Dose 1 _____ Month Day Year	Dose 2 _____ Month Day Year	Dose 3 _____ Month Day Year

Additional physician comments regarding any history of prior vaccine allergic reactions, medical contraindications, etc:

Physician's Signature & Date

AUTHORIZED CLINICIAN or Records Custodian 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#

Immunization given after the form has been signed must be separately documented on a separate sheet of paper, including authorized signature and office stamp with office address and fax. Use of a prescription pad is sufficient.

Part C - Must Be Completed By Student

Meningococcal and Hepatitis B - Waiver must be completed if date of vaccines are not provided above.
 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 vaccine Initials _____ I decline receiving the hepatitis B vaccine Initials

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

Signature: _____ Date: _____

Office use only: Batch No: _____ Processor Initials: _____