BCF Immunization Form

All immunization and vaccination recommendations follow CDC guidelines found at http://www.cdc.gov/vaccines/pubs/vis/default.htm
No recommendations about specific diseases, immunizations, vaccinations contained herein are made by The Baptist College of Florida.

Print all information legibly. Provide first name, middle initial, last name, DOB, and intended entrance semester.

Name: _____ Date of Birth: _____

Intended Semester: □ Fall 20____ □ Spring 20____ □ Summer 20____

Measles and Rubella Immunizations (Required for EVERYONE born after Dec. 31, 1956)

1. MMR: This combination vaccine is often given because it can protect from measles, mumps, and rubella. The vaccines are required for entry into BCF. Children must receive two doses at least 28 days apart as per CDC guidelines.

2. Measles (Rubeola): Two doses are required.

3. Rubella (German Measles): One dose is required.

1. MMR (Measles/Mumps/Rubella)	**or**	**2. Measles (Rubeola)**	**and**	**3. Rubella (German Measles)**
Dose 1 Date: ____/____/____		Dose 1 Date: ____/____/____		Dose 1 Date: ____/____/____
Dose 2 Date: ____/____/____		Dose 2 Date: ____/____/____		Dose 2 Date: ____/____/____

This Section is required. READ CAREFULLY. You must either have the vaccines or sign a waiver stating you have read about these diseases and declined the vaccines.

1. Students enrolled in ONLY online courses who will not be physically present in any BCF classroom or on any BCF campus, may utilize the Online Only Student Waiver Exception when completing the BCF Immunization Form. Should an Online Only student later decide to register for a face-to-face course, they must comply with all of the BCF immunization requirements in compliance with the Florida Statute (1006.69) and Florida Board of Governors Regulations (6.001 & 6.007).

Online Only Student Wavier:_____Date: ____/____/____

2. Menomune/Menactra (meningococcal meningitis vaccine): The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshmen planning to live in campus dormitories/residence halls. Students wishing to decline the vaccine must first read the information in the box below. **Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.**

Menomune/Menactra (for meningococcal meningitis) Date: ____/____/____ or Read and Sign waiver below.

Waiver Statement - Meningococcal Meningitis: College students, especially freshmen living in residence halls, are at a slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Two vaccines are currently available that decrease, but do not completely eliminate, a person's risk of acquiring meningococcal meningitis. Meningitis is an infection of fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. It can cause death as well as loss of arms or legs, deafness, nervous systems problems, mental retardation, seizures or strokes. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine and protect about 90% of those who do get it.

_____ **(initial) I have read the information provided above and I decline receipt of vaccine for meningococcal meningitis.**

3. Hepatitis B (HBV): The CDC encourages you to receive this series. Students in many academic programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. **Signing the waiver indicates that you understand the possible risk involved in not receiving this immunization. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.**

Hepatitis B Dose 1 Date: ____/____/____ Dose 2 Date ____/____/____ Dose Date 3 ____/____/____
or Read and Sign waiver below.

Waiver Statement - Hepatitis B: Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired.

_____ **(initial) I have read the information provided above and I decline receipt of vaccine to protect against Hepatitis B.**

Immunization Required for International Students

Tuberculosis Skin Test (PPD by Mantoux, current within last year) Note: If both PPD and MMR are given, they must be given on the day for the PPD to be accurate given 30 days apart. PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" in the space provided below. If the PPD is positive, **attach a copy of chest x-ray report.**

Date Placed: ____/____/____ Date Read: ____/____/____ Result: _____ mm [Neg: ____ Pos: ____]

If positive PPD, date of chest x-ray: ____/____/____ **(Must send copy of chest x-ray report)**

Recommendations for good health (not mandatory)

1. Td (Tetanus/Diphtheria) OR Tdap (Tetanus/Diphtheria/Acellular Pertussis) booster shot within the past 10 years. Space is provided below to record this information.

2. Mumps. [The MMR includes this protection.] Space is provided to record this information if given in a single dose.

1. Td (Tetanus/Diphtheria) **OR** **2. Tdap (Tetanus/Diphtheria/Pertussis)** **3. Mumps**

Dose Date: ____/____/____ Dose Date: ____/____/____ Dose Date: ____/____/____

An MD office, clinic, or health department "official stamp" AND official signature must be included for this document to be complete and approved.

Name of Public Health Clinic or Physician (Office Stamp) | Physician or Authorized Signature | Date

REQUIRED Signature of Student

Signature of Student (if under 18 parent/guardian must sign): _____ Date: _____

A Signature of a parent or guardian MUST be included here IF the student is under the age of 18

Medical Consent (for students under 18): I hereby authorize The Baptist College of Florida to secure diagnostic procedures by medical professionals necessary to treat my child. I grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider.

Signature of Parent or Guardian: _____ Date: _____

Accurate and Complete Immunization Information is Required PRIOR to Registration

PLEASE KEEP A COPY OF BOTH PAGES FOR YOUR RECORDS

All immunization and vaccination recommendations follow CDC guidelines found at
http://www.cdc.gov/vaccines/hcp/vis/index.html
No recommendations about specific diseases, immunizations, vaccinations contained herein are made by
The Baptist College of Florida.

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