

Immunization Records

All Nova Southeastern University residential students must satisfy immunization requirements in order to reside on campus. Housing applications will not be processed until proof of immunization, immunity, or exemption is satisfied. Your health care provider must complete and sign this form. Dates must include month, day, and year (mm/dd/yy). Please do not send originals.

Last Name	First Name	NSU ID #
Date of Birth (mm/dd/yy)	Phone Number	
Address		

Immunization Requirements

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

Measles (Rubeola): Mandatory (You 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.

Blood test: _____

OR 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.

Rubella (German Measles): Mandatory (You 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.

OR, the MMR combined (measles, mumps, and 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.

Meningitis: Mandatory (You must show proof below.)

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.

REQUIRED FOR RESIDENTIAL STUDENTS: Meningococcal (Menactra, Menveo, Menomune, MPSV4, MCV4) Booster dose must be given to residential students if the previous dose was given before the age of 16. If initial dose given age ≥16 yrs, no booster dose is required.

I have **received the meningitis vaccine.**

Meningococcal #1 ____/____/____ **Booster Meningococcal** ____/____/____

Office stamp to include name of physician and/or medical facility where vaccine provided:

Signature of health care provider: _____

Date: _____

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.

I have **received the hepatitis B vaccine as follows:**

Dose # 1 Date: ____/____/____
Dose # 2 Date: ____/____/____ (one month after first dose)
Dose # 3 Date: ____/____/____ (six months after first dose)

Office Stamp to include name of physician/medical facility:

Signature of health care provider: _____
Date: _____

OR

Waiver of Liability:

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.

Signature of student (or parent/legal guardian, if under 18 years of age): _____
Date: _____
Signature of witness: _____
Date: _____

Health care provider's stamp (required): _____
Physician's signature: _____
Date: _____

Please include the health care provider's name, address, and phone number.

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. NSU's Health Professions Division Clinic: (954) 262-4100 (FEE)
2. Public Health Department: (954) 467-4943 (FEE)
3. Private physician or walk-in clinic

If you believe that you have been immunized, but do not have proof, you can have a blood test by a private physician, at a walk-in clinic, or at a lab.

Please return this completed form to

**Nova Southeastern University
Office of Residential Life and Housing
3301 college Avenue, Fort Lauderdale, FL 33314-7796
Phone: (954) 262-7052, Fax: (954) 262-3812**