



NOVA SOUTHEASTERN UNIVERSITY  
 Office of Residential Life and Housing  
 3301 College Avenue  
 Fort Lauderdale-Davie, Florida 33314-7796  
 Phone: (954) 262-7052, Fax: (954) 262-3812

## IMMUNIZATION RECORDS

All Nova Southeastern University resident 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 TWO 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: _____  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): 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 and in 1969 or later; blood test showing the presence of the rubella antibody.	<b>OR, the MMR          combined          (measles, mumps,          rubella)</b>	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 last, AND BOTH must be in 1968 or later.
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**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 (i.e., 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.

I have **received the meningitis vaccine:**

Date meningitis vaccine received: \_\_\_\_\_

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 persons. The hepatitis B vaccine can provide immunity against infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

If you 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 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 driver's license, ID card issued by a state, or a passport showing proof of age must be attached.

**VALID EXEMPTION FROM PROVIDING IMMUNITY:**

1. Medical exemptions—must produce a 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 letter on church stationery, signed by minister, priest, rabbi, or head of church, 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)
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**

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