Healthcare Compliance Information
Panama City Campus

Immunization Compliance for students attending the Panama City campus requires submission of the attached Student Immunization Record

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:

1) the signature of the authorizing person and
2) an office stamp showing the complete office address, telephone and fax number,
3) the student’s name and date of birth and
4) 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 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.