



## 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.**



# 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: www.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 _/_/___	FSU SN or FSU ID	Sex F M	Race
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.

<b>MMR</b>	Dose 1 ___/___/___ Month Day Year	Dose 2 ___/___/___ Month Day Year	
<b>Meningococcal Vaccine</b> If not provided student must sign required waiver below.	Dose 1 ___/___/___ Month Day Year	Dose 2 ___/___/___ (if applicable) Month Day Year	
<b>Hepatitis B</b> If not provided student must sign required waiver below.	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:**

\_\_\_\_\_  
Physicians 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 #  
Immunizations 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 \_\_\_\_\_ I decline receiving the hepatitis B vaccine.

Initials

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 treatment at Thagard Student Health Center and for my registration here or at any other university.

Printed Name: \_\_\_\_\_ FSUSN or FSUID \_\_\_\_\_ DOB \_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Office use only:** Batch No: \_\_\_\_\_

Processor Initials: \_\_\_\_\_

## **Vaccine Information - PLEASE READ**

*Many other extremely valuable vaccines are available that are not required but highly recommended to optimize a lifelong, preventive healthcare program.*

### **Bacterial Meningitis**

Young adults between the ages of 17-24 are at increased risk of developing a severe form of bacterial meningitis called meningococcal meningitis. The American College Health Association and the Centers for Disease Control (CDC) recommend that students consider getting the meningitis vaccine. This bacterial infection, although rare, may cause severe neurologic impairment, partial loss of limbs, or death (9-12% mortality rate). Living in residence halls, bar patronage, and exposure to alcohol and cigarette smoke further increase the risk of infection within this age group. The incidence in young adults is about one case per 100,000. For freshmen living in residence halls, it is 3.8 or more per 100,000.

The meningococcal bacterium involved with invasive disease, such as meningitis or sepsis (a bloodstream infection) is usually one of the five different subtypes, called Serogroups A, B, C, Y, and W-135. The current vaccine does not stimulate protective antibodies to Serogroup B, but does against the remaining four types. In the past, Serogroup B caused about 50% of the disease burden in the U.S. but more recently, it has decreased to about 27% or less, making vaccination more protective against the other serogroups that have proportionately increased. The vaccine is safe and is estimated to protect for 3-5 years. For those who received a dose of vaccine at age 15 or younger, a 2<sup>nd</sup> booster has been recommended. Those who received a dose at age 16 or older do not need a booster dose.

### **Hepatitis B**

Hepatitis B is a serious viral liver infection, prevalent worldwide, which can lead to chronic liver disease and liver cancer. The State of Florida has requirement for all school-age children to complete the three-shot series, but older students or out-of-state students may not be familiar with this recommendation. The Hepatitis B vaccine is extremely safe, effective and is required for any individual who may possibly be exposed to blood or other body fluids in their line of work or through sexual contact. We highly recommend you consider getting this vaccine or at least discussing it with your primary care physician.

### **Polio, Tetanus, Tuberculosis**

Have your doctor review the status of your Polio and Tetanus immunizations. Tetanus is recommended every 10 years routinely or within five years for contaminated or deep puncture wound. It is usually given as a tetanus/diphtheria combination shot called Td but a one-time dose of Tdap (which includes a small booster dose of pertussis) may be given anytime beyond 2 years or more from a previous Td, especially if exposure to children or working in health care is ongoing. Following this onetime Tdap, Td boosters should resume the 10 year schedule.

A skin test for tuberculosis called a PPD should also be considered at this time if your doctor determines you have been potentially exposed, such as working in a high risk clinic or institution, extended travel to at risk countries, etc.

### **Chicken Pox (Varicella)**

Chicken Pox (Varicella) is not uncommon among college students who have not yet experienced this childhood ill-ness. Varicella vaccination is available and is highly recommended for all children, adolescents, and young adults who are susceptible to this viral disease. It is given as a two-shot series, one to two months apart. The vaccine is generally well tolerated; 3-5% may experience a mild, varicella-like rash or low-grade fever, but complications are rare.

### **Hepatitis A**

Hepatitis A, another viral illness affecting the liver, is especially prevalent in developing countries and is most often transmitted via contaminated food and water. Outbreaks occur throughout the United States and will likely continue and possibly increase in the next decade. Though not a cause of chronic liver disease, adults who develop Hepatitis A can be extremely ill and lose significant school or work time during the course of an infection. The Hepatitis A vaccine is very safe and is given as a two-shot series, six months apart. It is essential for anyone planning to travel to developing countries, but may be a good investment in your health even in the U.S.