

## IMMUNIZATION POLICY

State University System of Florida The University of West Florida

### IMMUNIZATION REQUIREMENTS

As a prerequisite to matriculation or registration, the State University System requires:

- 1 **All students born after 1956** to present documented proof of immunity to rubeola ( also known as measles, red measles, or ten-day measles) and;
- 2 **All students less than 40 years of age** to present documented proof of immunity to rubella.

### II. ACCEPTABLE DOCUMENTATION

#### A. RUBEOLA

Students can be considered immune to rubeola only if they have documentation of at least one of the following:

- 1 Documentation of immunization with TWO (2) doses of live virus vaccine on or after the first birthday. **Persons vaccinated with killed or an unknown vaccine prior to 1968 must be revaccinated.** Persons born before 1957 may be considered to have had natural infection and therefore do not need rubeola vaccines. The two rubeola vaccines must be at least 30 days apart. Or,
- 2 Laboratory (serologic) evidence of rubeola immunity (titer). Or,
- 3 A written, dated statement signed by a physician on his/her stationery which specifies the date seen and states that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and, in the physician's opinion, is diagnosed to have had the ten-day rubeola (measles).

#### B. RUBELLA

Students can be considered immune to rubella only if they have documentation as follows:

- 1 Documentation of immunization with live rubella virus vaccine on or after the first birthday. Or,
- 2 Laboratory (serologic) evidence of rubella immunity. (titer)

\*\*\* Note: Having had the disease **does not** prove immunity.

\*\*\* For both rubeola and rubella, acceptable documentation as above must be from a health care provider such as your physician, clinic, health department records, military immunization records, or from you high school or college/university records, etc.

### III. ADDITIONAL INFORMATION AND RECOMMENDATIONS

- 1 If a student has no documentation of any dose of rubeola vaccine, vaccines should be given prior to entry and the second dose no less than thirty (30) days and no more than three (3) months later. It is recommended that both doses of rubeola vaccine be given as combined measles-mumps-rubella (MMR) Vaccine.
- 2 The documented date of immunization for both rubeola and rubella should include the day, month and year. However, only month and year will suffice as long as the month and year show that the immunization was given at least 13 months after month of birth.
- 3 It is recommended that those students who can not provide an immunization date after extended research, those who present questionable immunization dates, and those with a questionable diagnosis of rubeola, be vaccinated (revaccinated) prior to the time of registration.
- 4 Students who graduated from high school in the last five years may be able to get a copy of their school immunization records from their high school. Students who were immunized in Florida but are unable to obtain records from the school may be able to get records from the Public Health Department in that area.
- 5 If vaccination, revaccination, or lab test (titer) is needed, you may go to your county health department or to you physician or clinic or the UWF Student Health Services ( building 960 ).
- 6 All immunizations should be given in accordance with the recommendations of the Advisory Committee on Immunization Practices, Center for Disease Control.
- 7 Exceptions to this policy may be granted in the event of valid medical contraindications or for documented religious reasons. In the event of a measles emergency, these exempted students will be excluded from campus activities, until such time as is specified by the County Public Health Unit Director/Administrator.

Reminder: \*\*\* You are responsible for keeping a copy of your immunization records for future reference.

### IV. WHERE TO SEND OR BRING DOCUMENTATION

\* Documentation of immunity may be presented in person, by mail or by fax to:

The University of West Florida Student Health Services Bldg. 960 11000 University Parkway

Phone: (850) 474-2172 option 2 or (850) 857-6361Pensacola, FL 32514-5750 Fax: (850) 857-6100 ( fax your records )

\*\*\* If mailing or faxing, be sure to include your name, birth date, social security number, address and telephone number. Photocopies are acceptable. Originals will not be returned!

UWF Student Health Center

**THE UNIVERSITY OF WEST FLORIDA  
IMMUNIZATION REQUIREMENTS**

(850) 474-2172 option 2 or (850) 857 6361

As a prerequisite to registration, the State University System of Florida requires students to provide OFFICIAL DOCUMENTATION of immunity to rubeola and rubella. (Examples of official documents are: health department records, doctor's records, or school records.) All

NAME \_\_\_\_\_ DO \_\_\_\_\_ SS# \_\_\_\_\_  
B: \_\_\_\_\_  
Last/family First Middle Maiden month/day/year  
CURRENT ADDRESS \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ ( Phone ) \_\_\_\_\_  
( # 1 ) Dose received at 12 months of age or later \_\_\_\_\_ Physician or \_\_\_\_\_

documents must be signed by the health care provider or include an official office stamp and telephone number. You may use this form or attach proper documentation. For further details on what is "proper documentation", refer to the reverse side of this form.

**ALL DOCUMENTATION MUST INCLUDE YOUR NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, AND TELEPHONE NUMBER.**

**REQUIREMENTS ARE AS FOLLOWS:**

1. All students **BORN AFTER 1956** must show proof of immunity to rubeola ( measles ) **AND;**
2. All students less than **40** years of age must show proof of immunity to rubella ( German Measles ). **MMR ( Measles, Mumps, Rubella )**  
**-PROOF of 2 doses, from 1968 to present, will fulfill UWF requirements.**

Physician Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_

NAME \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
B: \_\_\_\_\_  
month/day/year

Last/family First Middle Maiden  
CURRENT ADDRESS

City/State/Zip

( Phone )

( # 1 ) Dose received at 12 months of age or later

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

( # 2 ) Dose received at least 30 days after 1st dose

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

Laboratory evidence of **IMMUNE TITER** ( Attach copy of lab results )  
~ **OR** ~

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

**A. RUBEOLA VACCINE ( Measles ): Two doses required from 1968 to present.**

( # 1 ) Dose received at 12 months of age or later

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

( # 2 ) Dose received at least 30 days after 1st dose

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

Had disease, confirmed by physician diagnosis in office record, OR

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

Laboratory evidence of **IMMUNE TITER** ( Attach copy of lab results )

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

**B. RUBELLA VACCINE ( German Measles ): One dose required from 1968 to present.**

( # 1 ) Dose received at 12 months of age or later

\_\_\_\_\_  
month/day/year Physician or  
Authorized Signature

Laboratory evidence of **IMMUNE TITER** ( Attach copy of lab results )

Physician or