

# Mandatory Immunization and TB Form

**DO NOT WAIT!** Late, incomplete or inaccurate information will prevent course registration. **Submit documents for Spring Term by December 1 and July 1 for Fall Term. An official translation is required for any forms not in the English language.**

## Basic Instructions:

- Include the student's ID on all correspondence. Print all student information legibly (name, phone, etc.).
- MINORS (students under 18): A parent/guardian signature must be included.
- KEEP A COPY FOR YOUR RECORDS.

Upload all documents via Med+Proctor. Sign into your MyUTampa. To open MyUTampa, go to [www.ut.edu/myutampa](http://www.ut.edu/myutampa) in any web browser and click on the MyUTampa button. Once on your MyUTampa page, click on the chiclet named Med+Proctor. **Connect with Med+Proctor to help you through the process via online chat, or by submitting questions to [help@medproctor.com](mailto:help@medproctor.com)\*\*.**

- FINAL STEP: Check your Med+Proctor account frequently to verify the status of your immunization form. Please allow 3 business days for processing.

## Section A: Information about Required Immunizations

An official translation is required for any forms not in the English language.

**MMR Vaccine** – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is often given because it protects from measles, mumps and rubella. Two doses are required for entry into the state university system of Florida. First dose must have been received after 1st birth date. The second dose must have been received at least 30 days after the first dose. **OR** provide lab evidence of immunity by doing a blood test to check for antibodies for Measles, Mumps, and Rubella. If you do a blood test, you must provide the results on a lab form that should be uploaded into Med+Proctor.

**Hepatitis B Vaccine** – Students are required to receive this vaccination **OR** provide lab evidence of immunity by doing a blood test **OR** read the CDC's Vaccine Information Statement and sign where indicated on the Form to decline. **Please specify whether two doses of Hepsiv-B or 3-dose series Engerix-B or Recombivax HB.** Read the VIS here: [www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html). Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under 18 and wish to decline this vaccine, parent must sign for you.

**Menactra/MCV4 (Meningococcal Meningitis Vaccine)** – Students are **REQUIRED** to provide proof of the meningitis vaccination, one dose after 16th birthday **OR** read the CDC's Vaccine Information Statement and sign where indicated on the Form to decline. For more information on the Meningitis vaccine please read [www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html). Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under 18 and wish to decline this vaccine, parent must sign for you.

**Tuberculosis Screening** – Required if TB screening questionnaire is positive, international student, or U.S.-born but living outside of the U.S. for the past 6 months at the time of application. A Tuberculosis Skin Test by PPD or Mantoux or Blood Test (QFT) is required within the last six months prior to semester begin date. History of BCG vaccination does not satisfy the TB screening requirement. PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" and indicate whether negative or positive. If you do the blood test, submit a copy of the laboratory report. If the PPD is positive or the Blood Test is positive, submit a physician signed copy of the chest X-ray report.

## Section B: To be completed by a medical facility, clinic, or health department

### Optional Immunizations-Not Required for Matriculation

- COVID-19: View CDC for further information. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- **Td (Tetanus/Diphtheria) or/and Tdap (Tetanus/Diphtheria/Pertussis):** Tdap+Adacel/Boostrix. Booster shot within last 10 years.
- Varicella (Chickenpox)
- Meningitis B
- Hepatitis A, HPV, Polio
- Influenza yearly

### Information about Medical History Questionnaire

This is a comprehensive medical history questionnaire that includes: emergency contact information, medical, surgical, social, family history and current medications and dosages. This questionnaire is recommended of all students who are enrolled at The University of Tampa. This is completed electronically on the Online student health portal, in the forms section, under patient portal. Sign into your MyUTampa. To open MyUTampa, go to [www.ut.edu/myutampa](http://www.ut.edu/myutampa) and click on the MyUTampa button. Once on your MyUTampa page, click the chiclet named Med+Proctor.

**\*\*Please note: Email sent over the Internet is not necessarily secure. Please be aware that the University of Tampa Health Center and Med+Proctor cannot guarantee the confidentiality or security of any information sent over the Internet when using email. UT HC shall not be liable for any breach of confidentiality resulting from such use of email via the Internet.**



# Mandatory Immunization/TB Screening Form

**PATIENT NAME:** First and Last      **Student ID#:**      **DOB:** Month/Day/Year      **AGE:**

**TELEPHONE#:**      **Emergency Contact Name:**      **Emergency Contact Ph#:**

All accepted students to The University of Tampa must fulfill immunization verification requirements through Med+Proctor. Sign into your MyUTampa. To open MyUTampa, go to [www.ut.edu/myutampa](http://www.ut.edu/myutampa) in any web browser and click on the MyUTampa button. Once on your MyUTampa page, click on the chiclet name Med+Proctor. Include your student ID on all correspondence. - KEEP A COPY FOR YOUR RECORDS. Incomplete or inaccurate information of required immunizations will result in a hold on your UT account. **For Spring term your immunizations are due on December 1. For Fall term your immunization records are due July 1.**

**Section A: Required Immunizations** \*\*\*NOTE: ALL TITERS (blood tests) MUST HAVE LAB REPORT ATTACHED\*\*\*

	Immunizations			***Titer***
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
<b>MMR (Measles, Mumps, Rubella)</b>	1.	2.	Do not write here	Titer: Submit dated lab report
	Two Doses Required in the state of Florida for ALL students regardless of housing status born after 12/31/1956			
<b>Hepatitis B Brand: _____</b>	1.	2.	3.	Do not write here
	<p><b>Students are REQUIRED to receive this vaccination OR titers showing immunity OR read the CDC's Vaccine Information Statement and check below to decline. Read the VIS at <a href="http://www.cdc.gov/Vaccines/hcp/vis/vis-statements/hep-b.html">www.cdc.gov/Vaccines/hcp/vis/vis-statements/hep-b.html</a>. If you are under the age of 18 and wish to decline this vaccine, a parent must sign for you.</b></p> <p><input type="checkbox"/> I have read and understand the information about Hepatitis B and I decline receipt of this vaccine.</p>			
<b>Meningitis MCV4 (1 dose after 16th birthday)</b>	1.	Do not write here		
	<p><b>Students are REQUIRED to provide proof of the meningitis vaccination OR read the CDC's Vaccine Information Statement and sign below to decline the vaccine. Read Meningitis VIS. <a href="https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html">https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html</a></b></p> <p><input type="checkbox"/> I have read the information about MCV\$ (Menactra/Menveo)/ Meningococcal Meningitis and decline receipt of this vaccine.</p>			
Signature of Student or parent/guardian if under 18.				Date Month/Day/Year

<b>Tuberculosis Screening:</b> Must have completed testing within 6 months of matriculation. <b>Required if TB screening questionnaire is positive, for all international or U.S.-born students with a non-U.S. permanent address</b>				
TB Skin Test by PPD Mantoux Must be read 2-3 days after injection	<b>Date Placed</b>	<b>Date Read</b>	<b>MM</b> induration of millimeters	<b>Result Positive / Negative</b>
<b>OR</b> Blood Test/Lab QFT only	<b>Date</b>	<b>Result</b>	Submit Copy of Lab Report	
<b>OR</b> Chest X-ray if positive PPD or QFT	<b>Date</b>	<b>Result</b>	Submit Physician-Signed Chest X-ray Report	

**Section B: Verification of Immunization Record**

An official stamp from a doctor's office, clinic or health department AND an authorized signature must appear here or this form will not be approved.

**Physician or Authorized Signature**      **Official Office Stamp Here**      **Date:** Month/Day/Year