



Student Health Services Immunization Records

Full Legal Name: _____ **Date of Birth:(MM/DD/YEAR)** _____

UWF Student ID: _____ **Phone:** _____ **Email:** _____

Required Immunizations *****NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED*****

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
1. MMR (2 doses on or after 1 st birthday)			DO NOT WRITE HERE	
OR Measles	On or after 1 st birthday	At least 28 days later	DO NOT WRITE HERE	
Mumps			DO NOT WRITE HERE	
Rubella		DO NOT WRITE HERE	DO NOT WRITE HERE	
2. Hepatitis B				
3. Meningococcal Meningitis (MCV4)		Booster Dose	DO NOT WRITE HERE	DO NOT WRITE HERE

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here for any immunization records listed above to be valid.

Official Office Stamp Here

Physician or Authorized Signature

Date