

Immunization Records

All Nova Southeastern University residential students must satisfy immunization requirements in order to reside on campus. Housing applications will not be processed until proof of immunization, immunity, or exemption is satisfied. Your health care provider must complete and sign this form. Dates must include month, day, and year (mm/dd/yy). Please do not send originals.

Last Name	First Name	NSU ID#
Date of Birth (mm/dd/yy)	Phone Number	
Address		

Immunization Requirements

If you were born after January 1, 1958, proof of TWO doses of measles (rubeola) and ONE dose of rubella (German measles) is required.

Measles (Rubeola): Mandatory (You must show proof of ONE of the below requirements)

Dose #1: _____ Dose #2: _____ Immunization with TWO doses of measles vaccine— the first given on or after the first birthday, the second given at least 30 days after the first, AND BOTH in 1958 or later.	OR	Blood Test: _____ Blood Test showing the presence of measles antibody – a written, dated statement signed by a physician on their stationary stating the date you had the disease.
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Rubella (German Measles): Mandatory (You must show proof of ONE of the below requirements). Please note that having had the rubella disease is NOT acceptable proof.

Dose #1: _____ One dose of rubella vaccine on or after the first birthday in 1969 or later; blood test showing the presence of the rubella antibody.	OR, the MMR combined (measles, mumps, and rubella)	Dose #1: _____ Dose #2: _____ One dose of the MMR vaccine on or after the first birthday; the second dose must be at least 30 days after the first, AND BOTH must be in 1968 or later.
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Meningitis: Meningitis is an infection of the fluid of the spinal cord and brain caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (e.g., coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for the viral type.

Meningococcal (Menactra, Menveo, Menomune, MPSV4, MCV4) Booster dose must be given to residential students if the previous dose was given before the age of 16. If initial dose given age \geq 16 yrs, no booster dose is required.	
I have received the meningitis vaccine as follows:	
Meningococcal #1	Date: ____/____/____
Booster Meningococcal	Date: ____/____/____
Office stamp to include name of physician and/or medical facility where vaccine provided: _____	
Signature of health care provider: _____ Date: _____	

Hepatitis B: Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other bodily fluids from infected individuals. The hepatitis B vaccine can provide immunity against infection for people at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have had sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

I have received the hepatitis B vaccine as follows:

Dose #1 Date: ____/____/____

Dose #2 Date: ____/____/____ (one month after first dose)

Dose #3 Date: ____/____/____ (six months after first dose)

Office stamp to include name of physician and/or medical facility where vaccine provided: _____

Signature of health care provider: _____ Date: _____

Health care provider's stamp (required):

Physician's signature: _____ **Date:** _____

Please include the health care provider's name, address, and phone number.

ACCEPTABLE FORMS DOCUMENTATION

The following documents are acceptable proof of immunity of measles and rubella. Forms must include specific dates, and the dates must satisfy the requirements stated previously.

1. HRS (Department of Health and Rehabilitation Services) records
2. Childhood immunization records
3. School immunization records
4. Military service records
5. Document indicating blood tests

If you believe that you have been immunized, but do not have proof, you can have a blood test by a private physician, at a walk-in clinic, or at a lab.

WHERE TO GET IMMUNIZED OR TESTED

1. NSU's Health Professions Division Clinic: (954) 262-4100 (FEE)
2. Public Health Department: (954) 467-4943 (FEE)
3. Private physician or walk-in clinic

WAIVERS/EXEMPTIONS

If you were born before December 31, 1957, you are exempt from these requirements. A photocopy of your driver's license, ID card issued by a state, or passport showing proof of age must be attached.

Students are permitted to waive the immunization requirements for meningitis and/or hepatitis B. Students opting to waive either or both of these requirements must execute the Immunization Waiver Form on the following page. Exemption from any other immunization requirement is only permitted pursuant to a valid medical or religious exemption.

Medical exemptions: Must provide a current letter from a doctor, signed, on their stationery, stating the reason for exemption and whether it is a temporary or permanent exemption.

Religious exemptions: Must provide a current letter on house of worship's stationery, signed by minister, priest, rabbi, or head of house of worship, stating the reason for exemption and whether it is a temporary or permanent exemption.

Please return this completed form and supporting documentation to:

**Nova Southeastern University
University Housing
3301 college Avenue, Fort Lauderdale, FL 33314-7796
Phone: (954) 262-7052, Fax: (954) 262-3812**

Student Name: _____

NSU ID #: _____

Meningitis/Hepatitis B Immunization Waiver

MENINGOCOCCAL DISEASE/MENINGITIS:

Symptoms: Meningococcal bacteremia is a bloodstream infection is characterized by fever, headache, rash, and stiff neck. Other symptoms may include nausea, vomiting, and mental status changes. Symptoms develop and progress rapidly.

Complications: Meningitis can lead to loss of a limb, permanent neurologic impairment. It can also result in joint infection, pneumonia, organ system failure, shock, and death within 24-48 hours.

Transmission: Spread by direct contact with large droplet respiratory secretions (coughing, sneezing, kissing, mouth-to-mouth resuscitation).

Vaccine: The two vaccines available in the U.S. are meningococcal polysaccharide vaccine (MPSV4 or Menomune®), and meningococcal conjugate vaccine (MCV4, Menactra® and Menveo). Meningococcal vaccines protect against most types of meningococcal disease, although they do not prevent all cases. The vaccine is available through your local Health Department or physician.

Who needs the Vaccine: You should get either the MPSV4 vaccine or the MCV4 vaccine if: you are a college student living in a dormitory, military recruit, have a damaged spleen or your spleen has been removed, have terminal complement deficiency, a microbiologist who is routinely exposed to the causal pathogen, traveling or residing in countries in which the disease is common.

Contraindications: Do not administer meningococcal vaccines to: (1) a person who has ever had a severe allergic reaction (e.g., anaphylaxis) after a previous dose; (2) a person who has a severe allergy to any vaccine component.

MENINGITIS WAIVER: I am 18 or older. I understand that I may be excluded from attending classes and other activities, and from living in on-campus housing for the duration of a breakout of this vaccine preventable disease which can last up to 21 days after the last case is detected at Nova Southeastern University. I agree that I shall be completely responsible for any costs associated with my exclusion from classes, activities and/or on-campus housing, including inability to receive a refund of tuition and fees due to medical withdrawal or course drop, or reimbursement for moving and/or travel expenses. By checking this waiver box I am stating that I have read the information provided about Meningitis and understand the potential fatal nature of the disease, the availability of the vaccine and the consequences, but choose not to be vaccinated.

Student Signature: _____ Date: _____

HEPATITIS B:

Symptoms: Hepatitis B is a serious disease caused by a virus that attacks the liver. About 30% of persons have no signs or symptoms. Signs and symptoms are less common in children than adults. These include: fatigue, abdominal pain, loss of appetite, jaundice, nausea, vomiting, diarrhea, joint pain.

Complications: The long-term effects of Hepatitis B have serious consequences like hepatocellular carcinoma (liver cancer). It can also cause lifelong infection, cirrhosis (scarring) of the liver and liver failure. Death from chronic liver disease occurs in 15%–25% of chronically infected persons. Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.

Transmission: Occurs when blood from an infected person enters the body of a person who is not infected. HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, or needles when injecting drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Vaccine: Hepatitis B vaccine is available for all age groups. The vaccine is given in a two or three shot series. The vaccine is available through your local Health Department or physician.

Who needs the Vaccine: Persons with multiple sex partners, men who have sex with men, diagnosis of a sexually transmitted disease, injection-drug user, sex contacts of infected persons, infants born to infected mothers, household contacts of chronically infected persons, infants/children of immigrants from areas with high rates of HBV infection, health-care and public safety workers who may be exposed to blood.

Contraindications: Do not administer hepatitis B vaccines to a person who: (1) has had an allergic reaction after a previous dose or any component of a hepatitis B vaccine; (2) has had an allergic reaction to yeast; (3) has had an allergic reaction to neomycin (contraindication for Twinrix)

HEPATITIS B SERIES WAIVER: I am 18 or older. I understand that I may be excluded from attending classes and other activities, and from living in on-campus housing for the duration of a breakout of this vaccine preventable disease which can last up to 21 days after the last case is detected at Nova Southeastern University. I agree that I shall be completely responsible for any costs associated with my exclusion from classes, activities and/or on-campus housing, including inability to receive a refund of tuition and fees due to medical withdrawal or course drop, or reimbursement for moving and/or travel expenses. By checking this waiver box I am stating that I have read the information provided about Hepatitis and understand the potential fatal nature of the disease, the availability of the vaccine and the consequences, but refuse to be vaccinated.

Student Signature: _____ Date: _____