

# IMPORTANT!

## DO NOT DELAY!

### Immunization Form REQUIRED for you to proceed with Class Registration at Bethune Cookman University

Obtaining proof of immunizations may be a time-consuming process, so start now!

1. Bethune Cookman University will accept the official State of Florida Immunization form, forms used by local health departments, military immunization forms, physician's office records, **(signed and stamped)** in conjunction with completing the Bethune Cookman Immunization form. The Bethune Cookman Immunization form is available at the Student Health Center website.
2. All NEW matriculating students must provide documentation of vaccinations against Meningococcal Meningitis and Hepatitis B or provide a waiver for each declined vaccination

### How to Become Compliant with Immunizations

Here's how...

**SECTION A: MANDATORY Immunizations:** In this section, your physician will make note of the date your vaccine were administered. We require **2 MMR's** (Measles, Mumps, Rubella), **2 doses of Hepatitis B**, and a **MCV4** (Meningitis meningococcal) vaccine that is given **after** 16 years of age.

**Waivers:** This is the section where the Hepatitis B and MCV4/Meningococcal meningitis waivers are located. If you would like to decline either the Hepatitis B series, or the Meningitis booster, or are just unable to locate those documents, here is where the waivers can be completed. Students, especially freshman living in residence halls, are at an increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma and even death within a short period of time.

**MANDATORY for International Students ONLY:** International students need to provide proof of TB Screening.

**SECTION B: RECOMMENDED for Good Health:** These vaccines are NOT required but are recommended for good health.

Tdap (Tetanus/Diphtheria/Pertussis)

Varicella (Chicken pox)

Hepatitis A, HPV, Polio, Influenza

Below Section B where an official stamp from a doctor's office, clinic or health department AND an authorized signature must appear UNLESS you are attaching an official copy of your immunization record, (i.e. Florida Certificate of Immunizations, FloridaShots, Military records).



Last, First:		Cookman ID #:	
Street		Date of Birth:	
City		Cell Phone:	
State:	Zip:	Cookman Email:	

**SECTION A: MANDATORY Immunizations**

**\*\*\*\*ALL TITERS MUST HAVE LAB REPORT ATTACHED\*\*\*\***

Required for ALL STUDENTS	MONTH/DAY/YEAR	MONTH/DAY/YEAR	MONTH/DAY/YEAR	TITER DATE & RESULT
1. MMR (Measles, Mumps, Rubella) (2 doses on or after 1 <sup>st</sup> birthday & at least 30 days apart NO WAIVER OPTION			DO NOT WRITE HERE	
2. HEPATITIS B				
3. Meningococcal Meningitis Vaccine/MCV 4 (must be given after age 16)		Booster needed if 1 <sup>st</sup> dose is given before the age of 16		DO NOT WRITE HERE

MANDATORY for International Students Only				TB Screening	
TB Skin Test by PPD	Date Placed	Date Read	MM	Neg	Pos

**SECTION B: RECOMMENDED FOR GOOD HEALTH**

**\*\*\*\*NOTE: ALL TITERS MUST INCLUDE LAB REPORT\*\*\*\***

	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
Meningitis B				DO NOT WRITE HERE
Tdap (Tetanus, Diphtheria, Pertussis)		DO NOT WRITE HERE	DO NOT WRITE HERE	DO NOT WRITE HERE
Varicella (Chickenpox)			DO NOT WRITE HERE	
Hepatitis A				
HPV (Gardasil or Cervarix)				DO NOT WRITE HERE
Polio (last date)		DO NOT WRITE HERE	DO NOT WRITE HERE	DO NOT WRITE HERE
Other				

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.

\_\_\_\_\_ **Official Office Stamp Here**

\_\_\_\_\_ **Physician or Authorized Signature**

\_\_\_\_\_ **Date**

**Return this form (and any lab reports as needed):**

Email: [studenthealth@cookman.edu](mailto:studenthealth@cookman.edu)

Fax this form to: 386-481-2923

Mail this form to: Bethune Cookman University Student Health Services, 640 Dr. Mary McLeod Bethune Blvd, Daytona Beach, FL 32114