

REQUIRED - ROLLINS R NUMBER (8 digits):

Name: _____ **First Term of Attendance:** FALL SPRING YEAR _____

Date of Birth: _____ **Phone:** _____

SECTION A: Required Immunizations

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
1. MMR (Measles, Mumps, Rubella) <small>(2 doses on or after 12 months of age)</small>			- NOT APPLICABLE -	
2. Hepatitis B <small>(3 doses)</small>				

Hepatitis B Waiver

I have read the information about Hepatitis B and decline receipt of this vaccine.

Student or Guardian Signature Date

3. MCV4 (Menactra/Menveo) <small>(last dose after age 16)</small>			- NOT APPLICABLE -	
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Meningitis Waiver

I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine.

Student or Guardian Signature Date

4. Tuberculosis Screening (Required for International Students)				
TB Skin test by TST (Mantoux)	Date Placed	Date Read	MM	Result: Neg Pos
OR Interferon-based Assay (QTF or Tspot)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if Positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

SECTION B: Recommended Immunizations

Td			- NOT APPLICABLE -	
Tdap (Adacel/Boostrix)			- NOT APPLICABLE -	
Varicella (Chickenpox)			- NOT APPLICABLE -	
Hepatitis A				
HPV (Gardasil or Cervarix)				- NOT APPLICABLE -
Meningitis B	Bexsero		- NOT APPLICABLE -	
	Trumenba			- NOT APPLICABLE -

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