

The State of Florida requires that all students attending school within the state comply with health and immunization laws to protect public health. This form is required of students who have been accepted to and will enroll at Jacksonville University. It must be completed by a physician and signed by the physician, the enrolling student, and the student's parent or guardian (if applicable). Please return this form to: Office of Admissions, Jacksonville University, 2800 University Boulevard North, Jacksonville, FL 32211.

SECTION A: STUDENT DATA

Name: _____
Last
First
Middle

Date of Birth: _____ Sex: _____ Social Security #: _____

Home Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Country: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Primary Care Provider: _____ Contact Number: _____

SECTION B: STUDENT HEALTH HISTORY

All medical information is confidential and will not be released, forwarded or duplicated by the University.

Have you had any problems with the following?	No	Yes/Comments:
Anxiety or Depression		
Asthma		
Bleeding Disorder		
Cancer		
Diabetes		
Eating Disorder		
Epilepsy/Seizures		
Heart Problems/Murmur/High Blood Pressure		
Head Injury		
Surgery		

Allergies to Medications (*Please list medication & reaction*):

Routine Medications:

Disabilities, Physical Restrictions or Limitations:

SECTION C: REQUIRED IMMUNIZATIONS

Florida State Law and University policy require the following immunizations by all students, documented by your health care provider.

Health Care Provider must complete this section in English. Provide month, day and year of vaccine or dated copies of titres and reports. The following are required:

1. Tuberculosis test (PPD, not Tine) and results, within 6 months prior to first semester, or a chest x-ray report. PPD required regardless of prior BCG inoculation. If PPD is positive, a chest x-ray and report of treatment **AND**
2. A booster dose of tetanus-Diphtheria (Td) within ten (10) years of this date **AND** one of the following:
 - a. At least one dose of mumps and rubella vaccine are required and two doses of live measles (rubeola) vaccine given at least one month apart after age 12 months **OR**
 - b. Two doses of mumps, measles, rubella combined in an MMR **OR**
 - c. Laboratory reports of titres for immunity of measles (rubeola), mumps and rubella.

EXEMPTIONS: Exemptions to the immunization policy (based on Florida State Law and University policy) may be granted for valid medical or religious reasons. If you are requesting an exemption, please contact the Student Life Office at 904-256-7067.

Also, legislation has recently been passed in the state of Florida mandating the Hepatitis B and meningitis vaccinations. The following is required:

1. Three doses of Hepatitis B vaccination at intervals of one (1) month apart, and the third at six (6) months from the first dose. The hepatitis vaccination is never restarted. So, if a dose is missed, the series can still be completed as a series of three.
2. Meningitis is not required if the enclosed material is read and waiver is signed.

MMR (Measles, Mumps, Rubella) – REQUIRED

Date, 1st dose: _____
Date, 2nd dose: _____

Mumps – REQUIRED

Date, immunization: _____
Date, disease: _____

Measles – REQUIRED

Date, 1st dose: _____
Date, 2nd dose: _____
Date, disease: _____
Serological titre results: _____

Tuberculin Skin Test – REQUIRED (within 1 year)

Date: _____ Negative: Positive:
X-ray Date: _____ Report: _____

Rubella – REQUIRED

Date, immunization: _____
Serological titre results: _____

TD (Tetanus/Diphtheria) – REQUIRED

Date, booster (within 10 years): _____

HBV (Hepatitis B) – Hepatitis B Series REQUIRED

Date, 1 st dose: _____	Vaccine lot # _____	Physician signature _____
Date, 2 nd dose: _____	Vaccine lot # _____	Physician signature _____
Date, 3 rd dose: _____	Vaccine lot # _____	Physician signature _____

Meningitis – REQUIRED (for students living on campus and recommended for commuters, unless waiver below has been signed)

Meningitis Date

Physician Signature: _____ Date: _____

Address: _____

Printed Name/Title: _____ City/ST/ZIP: _____

SECTION D: MENINGITIS WAIVER

I have received and reviewed detailed information concerning the risks associated with meningococcal meningitis and the availability, effectiveness, and known contradictions of the meningococcal meningitis vaccine. Having reviewed the information, I decline to have this vaccine and release Jacksonville University from any and all liability associated with this disease, the vaccine, and my decision not to receive the vaccine.

Date Student Signature Parent/Guardian Signature (if under 18 years of age)

SECTION E: EMERGENCY CARE PERMISSION

I hereby grant permission to the Jacksonville University infirmary care provider to render any health care or emergency treatment to myself/son/daughter/ward. I also grant permission for the infirmary care provider to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological, or dental care facility when considered necessary by the infirmary care provider and/or the University. I understand that all referrals, emergency treatment, or other like services not covered by the basic infirmary plan are the financial responsibility of the student and/or parent/guardian.

Date Student Signature Parent/Guardian Signature (if under 18 years of age)

***** Submitted form becomes property of Jacksonville University. It will not be duplicated, released, or forwarded. *****

Please make a copy for your personal records!