

Immunization Form **REQUIRED**

for you to proceed with Registration at NCF

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

- 1. NCF will accept the official State of Florida Immunization Form (form 680) issued by local health departments, physician records and high school immunization records in conjunction with completing the personal information and signing the Immunization Health History form.
- 2. Based on Center for Disease Control (CDC) recommendation NCF requires that all students of the University must provide documentation of vaccinations against meningococcal meningitis and hepatitis B, or sign the waiver for each declined vaccination.

Emergency Information

Please provide the requested information. Information will be held in confidence and is reviewed only in case of emergency.

Name	
Student N #	
Permanent Address	
	e plan? yes □ no □ Policy #
In whose name is the policy?	
Are you presently taking medication or being tr	reated for:
Diabetes	Heart disease
Epilepsy	Hemophilia
Depression	Muscular Dystrophy
Allergies	Other
Anxiety	
Is there a physician you would like us to contac Name	
	Phone
Please list 2 other people we should notify in the evening contact numbers.	ne event of an emergency. Please list day and

Tel: 941-487-4254

Fax: 941-487-4256

MANDATORY STUDENT HEALTH RECORDS

Student Health Services creates a medical file for all incoming students. It is important that information regarding all immunizations and health insurance be accessible to you in the event of an emergency. You will not be cleared to register at NCF without completed forms and adequate proof of immunizations.

Mail all forms to the following campus address:

New College of Florida Student Health Services - CWC 5800 Bay Shore Road Sarasota, FL 34243-2197

Mandatory PRIOR to Registration

- Medical History Form with proof of two Measles (MMR) immunizations.
- Meningitis and Hepatitis B form with proof of vaccine or waiver signed.
- Health Information Form with emergency contact information.
- Waiver for Treatment of Minors (if applicable).
- Sign forms.

Recommended

- Proof of last Tetanus vaccination.
- Copy of Health Insurance card.

International Student

No international student in F or J non-immigrant status shall be permitted to register, or continue enrollment at New College of Florida without demonstrating adequate medical insurance coverage that complies with the State University System requirements. For requirement information, please contact Student Health Services.

If you have any questions or concerns, please call Student Health Services at 941-487-4254

STUDENT DISABILITY SERVICES

Please fill out the form below, if you are a person with a documented disability and if you will be requesting accommodation while at New College.

Name		Phone	
Student N#	<u> </u>		
Check all th	nat apply:		
[]	Physical Disability	[]	Visual Impairment
[]	Medical Disability	[]	Hearing Impairment
[]	Learning Disability	[]	ADD/ADHD
[]	Psychiatric / Mental Hea	alth []	Other
Please expla	ain your disability:		
1	J		

To receive accommodation approval for the Fall Term you must submit appropriate documentation to, as well as meet with, the Director of Disability Services no later than September 18th. Failure to submit completed documentation on time may jeopardize our ability to provide reasonable accommodations and services. Therefore, we encourage students who are able to do so to, submit their documentation during the summer months.

You may submit this form along with your immunization forms or separately to:

New College of Florida Student Disability Services - CWC 5800 Bay Shore Rd. Sarasota, FL 34243

Ph: (941) 487-4254 Fax: (941) 487-4256

Please read all instructions prior to completing form & do not forget to sign in block B. Immunization Health History

(Paixa)	CTIDENT #
Last First	# KHOO 0
City	State Zip Code Phone Number
E-Mail Date of Birth	
A. Required immunizations for ALL students born after 12/31/1956	C. Medical Consent for minors:
1. MMR (Measles/Mumps/Rubella - 2 doses	I his form must be completed by parent/guardian if the student is under 18.
MMR #1 MMR #2	Student Name
80 	# CI +cc or +C
2. Measles (Rubeola) - 2 doses or lab titer	
Measles #1 Measles #2 OR Titer Date	I, the undersigned, as parent/guardian of
AND	Counseling and Wellness Center staff at New College of Florida to render any appropriate care or emergency treatment to son/ daughter/ward. I also grant permission for the Counseling and Wellness Center staff to arrange for appropriate care, emergency treatment or
3. Rubella (German Measles) - 1 dose or lab titer	hospitalization at an accredited hospital or other medical, psychological, or dental care facility when considered necessary by the Counseling and Wellness Center staff.
Rubella #1 OR Titer Date	
Copy of lab report must be attached	Signature of Parent/Guardian Relationship to student
B. Required signature for ALL students to acknowledge health information	D. This signature/stamp verifies all shots documented. Shots given after form has been signed may be documented
4. Meningitis Vaccine	on official letterhead with new signatures, date and office stamp and submitted with this form. See instruction sheet for list of alternate acceptable documentation.
Date	
I have read the information provided and I decline receipt of the Meningitis vaccine.	Name of Public Health Clinic or Physician's Office (Facility Stamp)
5. Hepatitis B Vaccine on Read information on instruction sheet and sign waiver below	
Hep B #1 Hep B #2 Hep B #3	
I have read the information provided and I decline receipt of the Hepatitis B vaccine.	Physician or Authorized Signature
6. TB Skin Test (PPD)/ MM POS NEG	
	Date
Signature of Student or Parent/Guardian (if student under 18)	

All documents submitted become the property of NCF and will not be returned to the sender or forwarded to another institution.

For Official Use Only

Instructions for NCF Immunization Health History Form

In compliance with New College of Florida Policy #

Name/Phone Block – Print all information legibly or complete on line and print form to sign.

Section A – Measles and Rubella immunizations required for EVERYONE born after December 31, 1956. Any combination of two doses of measles and one dose of rubella within the following parameters will satisfy this requirement.

1. **MMR** – This combination vaccine is often given as a protection from Measles, Mumps and Rubella. Two doses are required for entry into NCF. (1) One must have been received at 12 months of age or later and in 1971 or later. The second dose must have been received at least 28 days after the first dose.

OR

2. Measles (Rubeola) –

- Two doses are required for entry into NCF. (1) One must have been received at 12 months of age or later and in 1968 or later. The
- second dose must have been received at least 28 days after the first dose.
- Immunity may also be verified by a copy of laboratory (serologic) test known as a titer (IgG rubeola titer). The date of the laboratory
- test should be noted in the box marked titer and a copy of the lab report must be attached.
- Immunity may also be verified by a written, dated statement signed by a physician on his/her stationery that specifies the date seen and stating that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever or 101° Fahrenheit or greater, a cough, and conjunctivitis, and in the physician's opinion is diagnosed to have had the 10 day measles (rubeola).

3. Rubella (German Measles) –

- One dose of Rubella is required for entry into NCF given at age 12 months or later and in 1969 or later.
- Immunity may also be verified by a copy of laboratory (serologic) test known as a titer (IgG rubell titer). The date of the laboratory
- test should be noted in the box marked titer and a copy of the lab report must be attached.

Section B – ALL STUDENTS are required to read the following information about Hepatitis B and Meningitis and make a choice to receive the vaccines or decline receipt of the vaccines. Students living in NCF Housing MUST be vaccinated against Meningitis. No room will be assigned without proof of vaccination.

Hepatitis B is a serious liver disease caused by the Hepatitis B virus (HBV) that can lead to chronic liver disease, liver cancer or death. It can be spread through contact with blood or body fluids of an infected person. Fifty percent of people with hepatitis B have no symptons (but can infect others). Symptons can include fever, poor appetite, fatigue, joint pain, nausea and vomiting. Some individuals also have yellowing of the skin (jaundice). Seventy five percent of cases occur in individuals between ages 15 and 39. More information about Hepatitis B is available throught the following websites:

http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm

Meningococcal meningitis is a rare, possibly life-threatening infection causing inflammation of the membranes surrounding the brain and spinal cord. The symptoms can include fever, severe headache, stiff neck, rash, nausea, vomitting and profound fatigue (lethargy). The symptoms are severe and progress rapidly. This disease is spread by direct contact with infected individuals. It has been found that certain social aspects of college life appear to be risk factors in acquiring the infection. Freshmen living in dormitories are up to six times more likely to get the disease than other people. The vaccine that is available will protect against four of the five strains of the disease and creates protective levels of antibodies in 90% of the adults studied. Protection lasts for at least 5 years. Side effects are mild and infrequent — usually just redness and swelling at the injection site for a day or two. More information about meningococcal meningitis is available through the following websites:

http://www.cdc.gov/ncidod/diseaseinfo/meningococcal_g.htm http://www.nlm.nih.gov/medlineplus/ency/article/000680.htm

- 4. Meningitis Provide the date of vaccination if you have been vaccinated (or are planning to live in NCF Housing) or check the declination box. Date must be accompanied by authorized signature of attached documentation.
- 5. Hepatitis B Provide the date of vaccination if you have been vaccinated or check the declination box.

 SIGNATURE IN SECTION B IS MANDATORY. YOUR REGISTRATION WILL NOT PROCEED UNLESS THIS SECTION IS SIGNED BY

 STUDENT OR PARENTGUARDIAN

Section B – Reminder that Meningitis vaccination or waiver is REQUIRED for all NCF students.

Section D – An MD office, clinic, or health department "official stamp" AND an authorized signature must be included for this document to be complete and approved. Alternate acceptable records which may be attached to this form include health department records, official State of Florida Immunization Form (Form 680), doctor's records or school records.

Section C – A signature of parent or guardian MUST be included here if the student is under the age of 18.

Submit to: New College of Florida, Student Health Services – CWC, 5800 Bay Shore Road, Sarasota, Florida 34243 Tel: 941-487-4254 Fax: 941-487-4256

Additional Information

- The documented date of immunizations for measles and rubella should indicate the day, month and year. However, only month and year will suffice if the month and year indicate that the immunization was given at least 13 months after the month of birth.
- Please contact the Immunization Department at 941-487-4254 to request temporary medical and/or religious exemptions.