



**New College**  
THE HONORS COLLEGE of Florida

## 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 or college 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.



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## Emergency Information

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

Name: \_\_\_\_\_

Legal name:

Last

First

Student N number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Student Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Plan: Yes ☐ No ☐ Policy #: \_\_\_\_\_

In whose name is the policy: \_\_\_\_\_

Name of Insurance provider: \_\_\_\_\_

Are you presently taking medication or being treated for a medical condition?

Heart Disease: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Allergies: \_\_\_\_\_

Hemophilia: \_\_\_\_\_

Depression: \_\_\_\_\_

Anxiety: \_\_\_\_\_

Other: \_\_\_\_\_

Please list two other people we should notify in the event of an emergency. Please list day and evening contact numbers.

Return to : Counseling and Wellness Center- CWC  
5800 Bay Shore Road  
Sarasota, FL 34243

Tel: 941-487-4254  
Fax: 941-487-4256

# Immunization Health History

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

Name (Print)	<div>Last</div>	<div>First</div>	<div>Mi</div>	STUDENT #	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				
Address	<div></div>	City	<div></div>	State	<div></div>	Zip Code	<div></div>	Phone Number	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
E-Mail	<div></div>	Date of Birth	<div></div>						

## A. Required immunizations for ALL students born after 12/31/1956

1. MMR (Measles/Mumps/Rubella) - 2 doses

MMR #1  MMR #2

OR

2. Measles (Rubeola) - 2 doses or lab titer

Measles #1  Measles #2  OR Titer Date

AND

3. Rubella (German Measles) - 1 dose or lab titer

Rubella #1  OR Titer Date

Copy of lab report must be attached

## B. Required signature for ALL students to acknowledge health information

4. Meningitis Vaccine

Date ☐ I have read the information on instruction sheet and sign waiver below  
☐ I have read the information provided and I decline receipt of the Meningitis vaccine.

5. Hepatitis B Vaccine OR 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.

6. TB Skin Test\*(PPD) // MM  POS  NEG

\*Mandatory for international students

Signature of Student or Parent/Guardian (if student under 18)  Date

## C. Medical Consent for minors:

This form must be completed by parent/guardian if the student is under 18.

Student Name

Student ID #

I, the undersigned, as parent/guardian of  do hereby grant permission to the 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 hospitalization at an accredited hospital or other medical, psychological, or dental care facility when considered necessary by the Counseling and Wellness Center staff.

Signature of Parent/Guardian

Relationship to student

D. This signature/stamp verifies all shots documented. Shots given after form has been signed may be documented on official letterhead with new signatures, date and office stamp and submitted with this form. See instruction sheet for list of alternate acceptable documentation.

Name of Public Health Clinic or Physician's Office (Facility Stamp)

Physician or Authorized Signature

Date

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



## **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

### **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.
- All immunization documentation must be in English.

### **Recommended**

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

### **International Students**

International students are those students studying at NCF on a J-1 or F-1, F-2 visa. No international student shall be permitted to register, or continue enrollment at New College of Florida without demonstrating adequate medical insurance coverage that complies with the Florida State University System requirements and Federal Law. All immunizations and a Tuberculosis screening are required for all international and U.S Born students with a Non-U.S. Permanent address (within the last 6 months prior to semester). Documents must be in English and certified by a health care provider or medical records official.

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



# Instructions for NCF Immunization Health History Form

In compliance with New College of Florida

**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 or 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 or age or later** and in **1968 or later**.
  - 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).
- AND**
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 symptoms (but can infect others). Symptoms 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 through 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, vomiting 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.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 PARENT/GUARDIAN**

**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.