

Immunization Record Form

Complete and forward to:
 Lynn University Health Center
 3601 North Military Trail, Boca Raton FL, 33431
 Tele: 561-237-7231 Fax: 561-237-7116
 Email: HealthCenterForms@lynn.edu

PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED FOR ALL STUDENTS WHO WILL BE LIVING ON THE LYNN UNIVERSITY CAMPUS. PLEASE HAVE YOUR PHYSICIAN'S OFFICE COMPLETE & SIGN THIS FORM, OR YOU CAN SEND AN ALTERNATIVE OFFICIAL COPY OF PROOF OF THE STUDENT'S IMMUNIZATION. **BE SURE TO KEEP A SIGNED COPY OF ALL DOCUMENTS FOR YOUR RECORDS.**

IMMUNIZATION REQUIREMENTS

Student Name:	Date of Birth:	Lynn ID:
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A) <u>REQUIRED</u> IMMUNIZATIONS FOR RESIDENTIAL STUDENTS:	B) <u>RECOMMENDED</u> FOR ALL STUDENTS, BUT NOT REQUIRED:
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MANDATORY VACCINES

MMR (Measles/Mumps/Rubella) born after 12/31/56 (2 doses are required)
 Dose (date): 1. ____/____/____ 2. ____/____/____

- OR -

MMR (Measles/Mumps/Rubella)
 Positive Titer Date: ____/____/____

Meningococcal Meningitis (must be within 5 years of first semester living on campus)
 Date: ____/____/____

OPTIONAL VACCINES

Hepatitis B
 Dose (date): 1. ____/____/____ 2. ____/____/____ 3. ____/____/____

OR SIGN WAIVER IN SECTION C

Must provide proof of either all three (3) Hepatitis B vaccines in the series -OR- signed Hepatitis B waiver in Section C of this form.

IMMUNIZATION	IMMUNIZATION DATE (most recent)
Chicken Pox (varicella)	____/____/____
TDaP / TD / Tetanus	____/____/____
Polio	____/____/____

C) HEPATITIS B WAIVER

I have received detailed information about Hepatitis B as well as the risks associated with it, as well as the availability, effectiveness, and known contradictions of any required or recommended vaccines. I understand that I must either provide documentation of the Hepatitis B vaccine series or actively decline them.

As the student (or the parent/guardian if student is under 18), I am aware of the risks associated with Hepatitis B and choose to waive vaccination.

D) STUDENT SIGNATURE IS REQUIRED	PARENT/GUARDIAN SIGNATURE IS ONLY REQUIRED IF STUDENT IS UNDER 18 YEARS
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BY SIGNING BELOW, I ASSERT THAT I HAVE READ AND UNDERSTAND THE ABOVE IMMUNIZATION REQUIREMENTS, AS WELL AS THE ADDITIONAL IMMUNIZATION POLICY INFORMATION PROVIDED TO ME BY THE HEALTH CENTER AT LYNN UNIVERSITY. I AGREE THAT ALL INFORMATION RECORDED ON THIS FORM PERTAINING TO THE STUDENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of student (mandatory): _____ **Date:** _____

Signature of Parent/Guardian (if student is under 18) _____ **Date:** _____

E) PHYSICIAN OR AUTHORIZED REPRESENTATIVE SIGNATURE & STAMP IS MANDATORY. FAILURE TO PROVIDE DEEMS THIS FORM INVALID.

Signature of Physician/Authorized Representative: _____ **Date:** _____

Office stamp (mandatory) :

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IMMUNIZATION POLICY

In accordance with Florida Board of Governors Regulation 6.001(9), prior to registration, each student accepted for admission at Lynn University, who will be living on campus, must submit a signed LU Immunization Form. Lynn University requires documented proof of immunizations to Measles and Rubella. In addition, pursuant to Florida Board of Governors Regulations 6.007, effective July 1, 2008, students must also provide documentation of vaccinations against Meningococcal Meningitis and Hepatitis B or provide a signed waiver for the declined vaccinations.

MANDATORY

Resident students (living on campus) will not be allowed to register for classes without proof of immunization. A registration HOLD will be placed if requirements are not met.

ACCEPTABLE PROOF OF IMMUNIZATION IS AS FOLLOWS:

MMR (MEASLES, MUMPS, AND RUBELLA):

Students can be considered compliant for measles only if they have official documentation of at least one of the following:

1. Immunization with **TWO (2) DOSES** of MMR virus vaccine* **on or after the first birthday and at least 28 days apart**. Persons vaccinated with killed or unknown vaccine prior to 1968 must be revaccinated.
2. Laboratory (serologic) evidence of measles immunity.
3. 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 of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and, in the physician's opinion, is diagnosed to have had the ten-day measles (rubeola).

* PLEASE NOTE: ALL FEMALE STUDENTS SHOULD BE AWARE THAT THEY SHOULD NOT BE VACCINATED WITH A LIVE VIRUS VACCINE IF THERE IS ANY POSSIBILITY OF PREGNANCY.

MENINGOCOCCAL MENINGITIS:

Students can be considered compliant for Meningococcal Meningitis if they provide proof of the following:

Meningococcal Meningitis vaccine (*Menactra, Menveo, Menomune, MPSV4, MCV4*). The vaccine must be current within five (5) years of the first semester living on campus.

HEPATITIS B:

Students can be considered compliant for hepatitis B only if they have documentation of at least one of the following:

1. Official documentation of immunization with **THREE (3) DOSES** of hepatitis B vaccine in accordance with the CDC Advisory Committee on Immunization Practices.
2. Laboratory (serologic) evidence of hepatitis B immunity (positive hepatitis surface antibody).
3. A signed waiver declining the vaccine (See Section C of page 1).

ADDITIONAL INFORMATION:

In order to be considered official, this form must contain a signature of authorizing person AND an office stamp. Copies of official records may be attached and must include the student's name and front cover of all documents. Any changes, additions, write overs, use of different ink/handwriting or use of white-out must be re-signed by the authorizing person providing proof. We reserve the right to interpret the validity of all documents. Any attached immunization records must be in English or an official translation or they may not be accepted.

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IMPORTANT

IMMUNIZATION INFORMATION FOR ALL LYNN UNIVERSITY STUDENTS

Many extremely valuable vaccines are available to help prevent certain diseases. Preventing any of the following diseases is highly desirable and

is best accomplished with vaccinations. Measles, Mumps, Rubella (MMR), Hepatitis B and Meningococcal Meningitis vaccines are available to prospective students, prior to registration, at the Health Center.

Meningitis is an infection of the fluid of the spinal cord and brain caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (e.g., coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for the viral type.

Hepatitis B is a serious viral liver disease that can lead to chronic liver disease, liver cancer, or rarely, death. Hepatitis B vaccine is believed to confer life-long immunity in most cases. People with a history of life-threatening reaction to baker's yeast or to a previous dose of hepatitis B vaccine should not receive the vaccine. Pregnant women may be vaccinated.

Measles is a highly contagious viral infection that can cause ear infection, pneumonia, seizures, brain damage or even death. Pregnant women and people who have ever had a life-threatening reaction to gelatin, neomycin or a previous dose of MMR vaccine should not receive the MMR vaccine.

Mumps is a contagious disease that is caused by the mumps virus. Mumps typically starts with a few days of fever; headache, muscle aches, tiredness, and loss of appetite, and is followed by swelling of salivary glands. Anyone who is not immune from either previous mumps infection or from vaccination can get mumps.

Rubella is a contagious viral infection that causes a rash, mild fever and stiff joints in adults. A pregnant woman who contracts rubella could have a miscarriage or her baby could be born with serious birth defects. Two doses of MMR vaccine can provide long-term, effective protection against these diseases. Anyone who has one of the following should consult with a physician prior to receiving the MMR vaccine: HIV/AIDS or other diseases of the immune system; cancer or is receiving cancer treatment; blood disorders or recent receipt of blood transfusions or blood products. Pregnant women and people who have ever had a life-threatening reaction to gelatin, neomycin or a previous dose of MMR vaccine should not receive the MMR vaccine.

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