

## IMMUNIZATION 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](mailto: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

Lynn ID: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

A) REQUIRED IMMUNIZATIONS FOR RESIDENTIAL STUDENTS:

B) RECOMMENDED FOR ALL STUDENTS, BUT NOT REQUIRED:

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your very last opportunity to fulfill these mandatory health requirements will be at **student check-in**.

IMMUNIZATION  
recent)

IMMUNIZATION DATE (most  
recent)

Chicken Pox (Varicella)

\_\_\_\_/\_\_\_\_/\_\_\_\_

TDaP/TD/Tetanus

\_\_\_\_/\_\_\_\_/\_\_\_\_

Polio

\_\_\_\_/\_\_\_\_/\_\_\_\_

Hepatitis B

Dose (date): 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_

3. \_\_\_\_/\_\_\_\_/\_\_\_\_

### C) MISSING MANDATORY VACCINE PROTOCOL

**Please be aware we will administer and bill your student account for the missing immunizations.**

If enrolled in the Lynn University Student Health Insurance, we are able to submit a bill directly to the insurance. Students with other health insurance coverage will be provided with a receipt to submit for reimbursement.

**D) STUDENT SIGNATURE IS REQUIRED**

**PARENT/GUARDIAN SIGNATURE IS ONLY REQUIRED IF STUDENT IS UNDER 18 YEARS**

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 or provide a signed waiver for the declined vaccinations.

**MANDATORY**

Resident students (who will be living on campus) Your very last opportunity to fulfill these mandatory health requirements will be at student check-in.

**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 ACWY (must be within 5 years of first semester living on campus)**

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

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

**MISSING MANDATORY VACCINE PROTOCOL**

Please be aware we will administer and bill your student account for the missing immunizations.

If enrolled in the Lynn University Student Health Insurance, we are able to submit a bill directly to the insurance. Students with other health insurance coverage will be provided with a receipt to submit for reimbursement.

**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 ACWY 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.

**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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