

IMMUNIZATION RECORD

Name _____ SS# _____ Date of Birth ____/____/____

SECTION D IMMUNIZATIONS

The immunization policy is designed to protect the health of all students, faculty and staff. **STUDENTS WHO FAIL TO COMPLY** will have a **HOLD** placed on class registration, may be denied class attendance, and will be denied residential housing pending completion of required data. **In order to be considered official, this section must contain a signature of authorizing person AND an office stamp.** Copies of official records (school or military) may be attached and must include the student's name and front cover of all documents. Any changes, additions, writeovers, 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.

PART 1: Required for all students born after 1956

	Dose #1 MO/DA/YR	Dose #2 MO/DA/YR	OR	Positive Titer Date
MMR (measles, mumps, rubella)	____/____/____	____/____/____		____/____/____

PART 2: Required for all students living on campus – Recommended for all other students. Provide immunization information in this section or sign waiver in Section E.

	Dose #1 MO/DA/YR	Dose #2 MO/DA/YR	Dose #3 MO/DA/YR
Hepatitis B	____/____/____	____/____/____	____/____/____
Meningitis	____/____/____		

PART 3: Recommended for all students, but not required

Td (most recent dose)	____/____/____	Polio (most recent dose IPV)	____/____/____
Varicella (Chicken Pox)	____/____/____	Hepatitis A	____/____/____
Tb skin test (mantoux)	____/____/____		
Results	____/____/____	_____ mm _____ pos. _____ neg	

Physician or Authorized Signature Date License# and office stamp with address

SECTION E: IMMUNIZATION WAIVER

I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS PROVIDED. I have received and read the detailed information provided regarding the risks of contracting meningococcal meningitis and Hepatitis B disease and the potential benefits of being vaccinated to reduce those risks. I agree that in order to reside in campus housing, by Florida Law, I must provide proof of having been vaccinated or sign a waiver to decline vaccination.

_____ I decline receiving Hepatitis B vaccines. I acknowledge receipt and review of supplied information regarding this disease.
initial

_____ I decline receiving Meningococcal Meningitis (Menomune) vaccine for bacterial meningitis. I acknowledge receipt and
initial review of information regarding this disease.

Student Signature Date _____

And by parent or legal guardian IF under 18 and single Date _____

Dear Students and Parents:

Bethune-Cookman College Student Health Services is committed to providing you with the health care and prevention education that will support your academic and co-curricular activities. **Please read the following information and return your completed forms to Student Health Services in the envelope provided PRIOR to arrival on campus. Faxing the information is also acceptable.** All information provided is confidential and will not be released to anyone without written consent or as required by law.

The following completed information must be submitted to Student Health Services prior to arrival on campus. Failure to comply with these requirements will result in a registration hold. This hold will prevent students from registering or obtaining residential housing.

- Medical History Record
- Physical Examination dated within the past year
- Immunization records to include
 - 2 doses of Measles, Mumps, Rubella (MMR)
 - 3 doses of Hepatitis B or waiver declination
 - 1 dose of Meningitis or waiver declination
 - Tuberculosis screening, if at risk or recommended by physician

The college currently provides a limited supplemental health insurance policy for each student. Along with your completed health forms, please also forward a copy of your current health insurance card.

According to Florida Administrative Code 6C06.001(4), all students, PRIOR to registration, must submit an Immunization Record. All students born after 1956 must submit documented proof of immunity to Measles, Mumps and Rubella. To comply with Florida Statute 1006.69, all students living on campus must submit documentation of vaccination against Hepatitis B and Meningococcal Meningitis or sign a waiver for each vaccine. If a student chooses to sign a waiver for any of the required immunizations, the student should be aware that if there is an outbreak on campus, he/she may be asked to leave the campus. Students must comply with the Volusia County Health Department recommendations. A student may sign the waiver and choose to receive the immunization at a later date.

For more information regarding immunizations, please consult with your physician or contact Health Services at (386) 481-2920.

Copies of your Immunization records may be obtained by contacting your High School, Physician, Health Department or Military Records.

PLEASE KEEP COPIES OF ALL MEDICAL FORMS AND IMMUNIZATION RECORDS PRIOR TO FORWARDING THEM IN THE ENCLOSED ENVELOPE.

Sincerely,

Colleen O'Brian, RN
Director of Health Services
5/09JK

PHYSICAL EXAMINATION FORM

Student Health Services

Bethune-Cookman University
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach Florida 32114
(386) 481-2920
Fax (386) 481-2923

Name: _____ Date _____

Date of Birth _____ Age _____ Ht. _____ Wt. _____

BP _____ Pulse _____ Vision _____ Corrected Y N

Exam:	Normal	Abnormal	Comments on abnormal findings
Appearance			
Head/Neck			
Eyes/Ears/Nose/Throat			
Heart			
Lungs			
Skin			
Abdomen			
Genitalia			
Extremities			
Musculoskeletal			
Receiving treatment for emotional or physical problem (explain)			
Tuberculosis screening (if high risk for disease)			

Name of Physician or Provider _____

Address _____

Phone _____

Signature _____