*IMPORTANT*

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLY WITH FLORIDA INTERNATIONAL UNIVERSITY’S IMMUNIZATION POLICY

The FIU Immunization Documentation Form must be processed prior to registering for your classes. The last page of this document (and requested lab reports) is the only Immunization Documentation Form that will be accepted. Please email, fax, or mail ONLY the completed FIU Immunization Documentation Form provided on the last page of this document (and lab reports as needed).

Note: Military service records are the only exception to this policy. A military service record which includes health information that meets, or exceeds, FIU’s immunization policy requirements is an acceptable form of documentation. Any other forms of documentation will be disregarded and shredded.

Have a doctor’s office, clinic, or health department fill out the FIU Immunization Documentation Form. An official stamp and official signature from one of these entities must be included for this document to be complete and approved.

Include the student’s Panther ID on all correspondence. Print all student information legibly.

For minors (students under 18): A parent/guardian signature must be included for immunization waivers.

KEEP A COPY FOR YOUR RECORDS. This ensures that you can easily refer to what was sent to us in the event that we are unable to process your documentation for any reason.

DO NOT WAIT

Please email, fax, or mail only the completed FIU Immunization Documentation Form to:

immune@fiu.edu:

OR

Florida International University, Student Health Services:

<table>
<thead>
<tr>
<th>Modesto Maidique Campus</th>
<th>Biscayne Bay Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHS - 132</td>
<td>WUC – 307</td>
</tr>
<tr>
<td>11200 S.W. 8 Street</td>
<td>OR</td>
</tr>
<tr>
<td>Miami, FL 33199</td>
<td>3000 N.E. 151 Street</td>
</tr>
<tr>
<td>305-348-3336 (FAX)</td>
<td>North Miami, FL 33181</td>
</tr>
<tr>
<td>305-348-2688</td>
<td>305-919-5312 (FAX)</td>
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</tbody>
</table>

For more information, visit the FIU Student Health Services web page on immunizations at: studenthealth.fiu.edu/immunization.
# IMMUNIZATION POLICY

As a prerequisite to registration, Florida International University requires all students to comply with the following immunization policy regulations from the Florida Board of Governors regarding measles, mumps, rubella, hepatitis B and meningococcal meningitis immunity:

## 1. Measles, Mumps, Rubella:
- All students born on or after January 1, 1957 must present documented proof of immunity to measles (rubeola) and German measles (Rubella), as described below:

  **Acceptable Proof of Immunity consists of:**
  a. Proof of two (2) vaccinations (doses) of MMR (Measles/Mumps/Rubella) received at least 28 days apart
  b. Proof of two doses of measles and one dose of rubella
     - Vaccinations must have been received on or after your first birthday
     - Vaccinations must have been received in 1969 or later
  c. Proof of immunity by way of a blood test lab result (measles and rubella titer)

## Meningitis and Hepatitis B
- All students must present documented proof of vaccination/immunity to meningococcal meningitis and hepatitis B as described below:

  **Acceptable Proof of Immunity consists of:**
  a. Proof of one dose of meningitis vaccine and a total of three doses of hepatitis B vaccines
  b. Proof of immunity by way of a blood test lab result (applicable to hepatitis B only)
  c. A written statement from a healthcare provider documenting a diagnosis of hepatitis B. Must include date of diagnosis, be signed by the healthcare provider and be on his/her official stationery. This is acceptable for hepatitis B only and does not apply to meningococcal meningitis.

## Temporary Deferrals:
Temporary deferments are acceptable for the following conditions:
- Documented pregnancy or fertility treatment
- Documentation of breastfeeding
- Documented illness

Deferral status requests must be submitted to the Student Health Services at least four weeks prior to registration and the request must be signed by a healthcare provider and be on his/her official stationery.

## Exemptions:
You will be exempt from the pre-registration immunization requirement for measles, mumps, and rubella, only if you meet any one of the following three criteria:
- You were born before January 1, 1957.
- Medical Exemption: To claim a medical exemption, you must produce a letter from a healthcare provider, signed on his/her stationery, stating the medical reason(s) why you are not able to receive the measles and/or rubella vaccine(s) and for how long – a permanent or temporary medical condition warranting exemption.
- Religious Exemption: For details on how to claim religious exemption, please visit our website at [studenthealth.fiu.edu](http://studenthealth.fiu.edu).

We strongly recommend all students vaccinate themselves against these diseases. Students declining to receive vaccination for Meningitis and/or Hepatitis B must accept a waiver of liability acknowledging that they have read the provided information pertaining to the disease(s), and despite knowledge of the risks have decided to waive receiving the vaccine. These waivers can be viewed and accepted on [my.fiu.edu](http://my.fiu.edu) under the “Student Health Portal” tab by selecting the “Immunization Waivers” link.
HEPATITIS B INFORMATION

Hepatitis B is a serious infectious disease caused by a virus that attacks the liver. The hepatitis B virus (HBV) can cause life-long infection that may lead to cirrhosis (scarring) of the liver, liver cancer, liver failure, or death. **There is no cure for hepatitis B, but the infection can be prevented by vaccination.** Students wishing to decline this vaccine must read the information provided below. Signing a waiver indicates that you understand the possible risk involved in not receiving this immunization.

**Hepatitis B Vaccine**

You are encouraged to receive this series. Students in many Academic Health Programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. Signing a waiver indicates that you understand the possible risk involved in not receiving this immunization. If you are under the age of 18, a parent or guardian must sign the waiver for you. The vaccine is usually administered as a three-dose series on a 0-, 1-, and 6-month schedule. The 2nd dose should be given 1 month after the first dose; the third dose should be given at least 2 months after the second dose and at least 4 months after the first dose.

**Symptoms of the Disease**

Symptoms of hepatitis B can resemble the flu and may include fever, loss of appetite, low energy, joint pain, cramping, or nausea and vomiting, as well as jaundice (yellow skin or eyes). However, in about 50 percent of cases, hepatitis B causes no symptoms and some of these become chronic carriers who are able to transmit the disease to others.

**Transmission of the Disease**

Hepatitis B is contagious and spreads when the blood or other body fluids of a person with the virus are absorbed into an individual’s blood stream. The hepatitis B virus can live in all body fluids of an infected person, including blood, saliva, semen, and vaginal fluids. It can enter the body through cuts, tears, or abrasions in the skin and through mucous membranes of the mouth, vagina, anus, and eyes. Hepatitis B can be transmitted through sexual contact; by sharing razors, toothbrushes, shared needles for drug injection, or by getting a tattoo or body piercing using non-sterile instruments or needles.

**Risk Factors for Hepatitis B**

Anyone who comes in contact with the blood or body fluids of an infected person is at risk for hepatitis B. Certain behaviors can increase the risk, including unprotected sex (vaginal, anal, and oral); contact sports (sports during which players may be exposed to each other’s blood or saliva); getting a tattoo or body piercing; sharing items such as razors, earrings, and toothbrushes; sharing injection drug paraphernalia; travel abroad to areas where the disease is widespread; health care and other occupations that involve exposure to infected blood or body fluids; and household contact with someone with chronic infection.

**Vaccination Recommendations for College Students**

A vaccine is available to help protect against hepatitis B. The U.S. Centers for Disease Control and Prevention (CDC) recommends vaccination of everyone age 18 and under, and anyone at high risk for hepatitis B. The American College Health Association (ACHA) recommends that all college students be vaccinated and the National Collegiate Athletic Association (NCAA) recommends that all student athletes be vaccinated. The hepatitis B vaccine is safe and effective. **You cannot get the disease from the vaccine.** The most common side effect of the vaccine is soreness at the site of the injection. Vaccination requires a series of three shots over a six-month period. After that, a booster shot is usually not necessary. The vaccine is effective in protecting over 96 percent of those who complete the three-dose vaccination series.

**Other Forms of Prevention**

In addition to vaccination, people can modify their behavior by using condoms during sex and avoiding tattooing and body piercing with non-sterile instruments or techniques. One also can avoid sharing needles, razors, or toothbrushes.

For more information about Hepatitis B and other infectious diseases:

To learn more about hepatitis B and other infectious diseases, as well as available vaccines, please contact your physician or visit the CDC web site at [www.cdc.gov](http://www.cdc.gov) and/or the FIU Student Health Services web site at: [studenthealth.fiu.edu](http://studenthealth.fiu.edu).
MENINGOCOCCAL MENINGITIS INFORMATION

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be severe and may result in brain damage, hearing loss, learning disability, or death. For bacterial meningitis, it is also important to know which strain of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Neisseria meningitidis (also called meningococcal meningitis) is the leading cause of bacterial meningitis.

What are the signs and symptoms of meningitis?

Common Triad of symptoms: high fever, headache, and stiff neck. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms include nausea, vomiting, skin rash, discomfort looking into light, confusion, and sleepiness.

How is meningitis diagnosed?

Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made in the laboratory from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal is readily accessible. Test results from the spinal fluid can identify if the cause is viral or bacterial and, if the latter, may help determine the selection of antibiotics most effective in treatment.

Can meningitis be treated?

Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly.

Is meningitis contagious?

Yes, bacterial meningitis is highly contagious. The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, kissing). Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. However, sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis. People in the same household or day-care center, or anyone sharing a bathroom or having direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by Neisseria meningitidis should receive antibiotics immediately to prevent them from getting the disease.

Are there vaccines against meningitis?

Yes, there are vaccines that protect against some strains of Neisseria meningitidis but there are no vaccines to protect against viral forms. The vaccine against Neisseria meningitidis is sometimes used to control outbreaks of some types of meningococcal meningitis in the United States. Meningitis cases should be reported to state or local health departments to assure follow-up of close contacts and recognize outbreaks. The Advisory Committee on Immunization Practices (ACIP) recommends that all people at risk should receive one dose of the conjugate vaccine (Menactra) whenever possible. This is particularly true for college students who are under the age of 25 and live in close quarters with others or someone who has had his/her spleen removed; these are two groups who have an increased risk of acquiring meningococcal infection relative to other persons their age.

To learn more about hepatitis B and other infectious diseases, as well as available vaccines, please contact your physician or visit the CDC web site at www.cdc.gov and/or the FIU Student Health Services web site at: studenthealth.fiu.edu.
IMMUNIZATION DOCUMENTATION FORM

Instructions: Please write CLEARLY; illegible forms WILL NOT be processed. When entering a date on this form, please be sure to enter the month first, then the day, and then the year using the mm/dd/yyyy format (two digits each for both the month and day, and four digits for the year).

**STUDENT NAME:** 

**DATE OF BIRTH:** 

**PANTHER ID:** 

<table>
<thead>
<tr>
<th>REQUIRED FOR ALL STUDENTS BORN AFTER 12/31/1956</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
<th>Titer Dates: Lab Report must be attached</th>
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<tbody>
<tr>
<td>1. MMR (2 doses after 1st birthday &amp; at least 28 days apart in 1971 or later)</td>
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</tr>
<tr>
<td>OR Measles (2 doses taken after 1968 or later) AND Rubella (1 dose taken after 1969 or later)</td>
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<tr>
<td>2. Hepatitis B (OR check and sign waiver below)</td>
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<tr>
<td>3. MCV4/ Meningococcal Meningitis (1 dose if taken after the age of 16 OR check and sign waiver below)</td>
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☐ I have read the information about Hepatitis B and decline receipt of this vaccine.

☐ I have read the information about MCV4 / Meningococcal Meningitis and decline receipt of this vaccine.

______________________________  ______________________________
Student Signature (Note: Parent or legal guardian must sign if under 18 years of age)     Date

______________________________  ______________________________
Healthcare Provider or Authorized Signature     Date

Required Office Stamp:

Please submit this completed form at least four weeks prior to registration to immune@fiu.edu:

OR
Florida International University, Student Health Services:

Modesto Maidique Campus
SHS - 132
11200 S.W. 8 Street
Miami, FL 33199
305-348-3336 (FAX)
305-348-2688

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