



## MANDATORY IMMUNIZATION REQUIREMENTS

### 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, meningococcal meningitis and hepatitis B immunity.

#### 1. Measles, Mumps, Rubella:

- All students born after December 31, 1956 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 on or after 12 months of age, taken at least 28 days apart, AND in 1968 or later
  - b. Proof of immunity by way of a **positive** blood test lab result (measles and rubella titer)
    - If titer results are negative, student will have to receive the full MMR vaccine series (2 doses) to boost immunity.
  - c. A written statement from a healthcare provider documenting a diagnosis of measles (rubeola). Must include date of diagnosis, and be signed by the healthcare provider on his/her official stationery. This is acceptable for **measles only** and does **not** apply to rubella.
- For information regarding medical exemptions or temporary deferments from this mandatory vaccine requirement, please visit [studenthealth.fiu.edu](http://studenthealth.fiu.edu) and click on the "Registration Holds" link and then "Immunization FAQ."

#### 2. Meningitis and Hepatitis B

- All students must present documented proof of vaccination/immunity to meningococcal meningitis and hepatitis B as described below.  
**NOTE:** The meningococcal meningitis vaccine is NOT the same as the vaccine against Meningitis Serogroup B (i.e. Trumenba or Bexsero); therefore, proof of either of these incorrect vaccines is not sufficient to satisfy the immunization requirement.

##### Acceptable Proof of Immunity consists of:

- a. Proof of one dose of meningococcal 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)

##### Exemptions:

Students declining to receive vaccination for Meningitis and/or Hepatitis B must accept a waiver of liability acknowledging that they have read information pertaining to the disease and despite knowledge of the risks have decided to waive receiving the vaccine. These waivers can be accepted and viewed on [my.fiu.edu](http://my.fiu.edu) under the "Student Center" and "Student Health Portal" tabs.

**NOTE:** A parent or legal guardian must sign the waiver for any minor under the age of 18. Parents or legal guardians may contact Student Health Services or obtain the form by visiting [studenthealth.fiu.edu](http://studenthealth.fiu.edu).

### Basic Instructions:

- Submit all documents **AS SOON AS POSSIBLE!** All immunization documentation must be submitted at least **4 weeks prior** to registration date to release any holds that may prevent you from registering for classes.
- Please include your Panther ID number on all submitted documentation.
- MINORS (students under 18 years of age): parent or guardian must sign waiver of liability on behalf of the student
- Check your my.fiu.edu account for updates on your holds.**
- Standard processing time for all submitted documentation is **24 – 48 business hours** (48 – 72 business hours during peak seasons)

### How to Submit Your Records:

- EMAIL:**  
immune@fiu.edu
- FAX:**  
(305) 348 – 3336
- MAILING ADDRESS:**  
FIU Health Compliance Office  
11200 S.W. 8<sup>th</sup> Street  
SASC 126  
Miami, FL 33199



# Academic & Student Affairs

Health Promotion Services

## IMMUNIZATION DOCUMENTATION FORM

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

First term of attendance:  FALL  SPRING  SUMMER

PANTHER ID NUMBER (REQUIRED):

□ □ □ □ □ □ □

### Required Immunizations *(requirements for ALL students)*

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result <i>(Must include lab report)</i>
<b>MMR (Measles, Mumps, Rubella)</b> (2 doses taken 28 days apart, on or after 12 months of age)			N/A	
<b>OR:</b> Measles (2 doses taken after 1968) AND Rubella (1 dose taken after 1968)			N/A	
		N/A	N/A	
<b>Hepatitis B (3 doses)</b> (second dose at least 28 days after the first, and third dose at least 56 days after the second)				

I have read the information about Hepatitis B and decline receipt of this vaccine.

\_\_\_\_\_  
Student or guardian signature (if student is under 18 old)

\_\_\_\_\_  
Date

**Meningitis (MCV4/Menactra/Menveo)**  
(NOT Meningitis B)

N/A

I have read the information about Meningitis and decline receipt of this vaccine.

\_\_\_\_\_  
Student or guardian signature (if student is under 18 old)

\_\_\_\_\_  
Date

**An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.**

\_\_\_\_\_  
Physician or Authorized Signature

\_\_\_\_\_  
OFFICIAL OFFICE STAMP HERE

\_\_\_\_\_  
Date

Please submit this completed form at least **FOUR WEEKS** prior to registration date.

Modesto Maidique Campus, SASC Building Lobby

Phone: (305) 348-2688

Fax: (305) 348-3336