



Report of Required Immunization

This form (along with any additional Immunization records) is DUE before you begin your first semester at Warner University.

This requirement may be met in one of five ways. Indicate your preference by checking one of the five circles below.

- Have a physician complete this form and the student personally returns it by mail or hand delivers it to the Health Services.
- A student may request that public school health records be forward to Warner University.
- A student may provide a copy of military medical records.
- A student may provide a copy of his/her immunization records with a physician's signature or clinic stamp.
- A student may request medical or religious exemption in writing.

Students Statement (to be completed by the student and signed by parent/legal guardian)

Name _____ Sex M F DOB ____/____/____
 Home Address _____ City _____ State ____ Zip _____
 SSN _____ Maiden Name _____

I authorize Warner University Health Services to release this immunization information to the Florida Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.

Student Signature: _____ Date: _____
 Parent/Legal Guardian's Signature: _____ Date: _____

Physician's Statement (All live vaccines must have been given after 1969, o or after first birthday)

Tetanus and Diphtheria: Dates of original series of D.P.T. or D.t.	__/__/__	__/__/__	__/__/__	__/__/__
Dates of Boosters for Tetanus/Diphtheria	__/__/__	__/__/__	__/__/__	__/__/__
M.M.R. (Measles, Mumps, and Rubella): If given instead of individual immunizations. Two (2) doses at least one month apart, with the first given on or after the first birthday are required.	__/__/__	__/__/__	__/__/__	__/__/__
Measles: (Please note that proof must be provided that a live virus vaccine without Gamma Globulin was administered.) Two doses at least one month apart, with the first given on or after the first birthday are required. Immunized with live attenuated virus <input type="checkbox"/> Yes <input type="checkbox"/> No OR Date of illness (Copy of office record must be attached) OR Date of blood test (titer) showing immunity (Copy of lab slip must be attached) OR Born before 01/01/1957, and considered immune	__/__/__	__/__/__	__/__/__	__/__/__
Mumps: (Please note that laboratory evidence cannot be accepted as proof of immunity for mumps Immunized with live attenuated virus <input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	__/__/__	__/__/__	__/__/__
Rubella (3-day measles) Please note that illness cannot be accepted as proof of immunity for Rubella. Immunized with live attenuated virus <input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	__/__/__	__/__/__	__/__/__
Poliomyelitis: Dates of Vaccinations - Original Series and Boosters:	__/__/__	__/__/__	__/__/__	__/__/__

** All records not in English must be accompanied by a certified translation.

Physician Signature: _____
 Address: _____
 Phone: _____

Print Physician's Name: _____
 Date: _____
 Fax: _____



Hepatitis B Vaccination Waiver

Hepatitis B is a viral disease that attacks the liver and can cause jaundice, permanent liver damage, even death. The incubation period ranges from 45 to 160 days (average 120 days).

The virus is spread through blood and other body fluids, and can survive for at least one month on contaminated surfaces in some circumstances. Hepatitis B can be spread through:

- Sexual contact with an infected partner (some infected individuals do not show symptoms)
- Contact of cuts or scrapes with contaminated blood or body fluids
- Repeated sharing of razor and/or toothbrush with an infected person
- Contact with a contaminated needle (intravenous drug use, potentially tattooing, ear or body piercing)

What are the symptoms of Hepatitis B?

- Loss of appetite
- Nausea and vomiting
- Upper right abdominal pain
- Headache
- Brownish colored urine
- Light Gray Stool
- Jaundice (yellowing of the skin and eyes)

The after effects of hepatitis B can last for quite a while, and the person may feel very bad for weeks or months. Serious long-term consequences of hepatitis B include the risk of chronic infection (this means the person could become a carrier and pass it on to other people), chronic liver disease and liver cancer.

There is a vaccine for Hepatitis B and it is generally well tolerated, but may generate the following symptoms after the injection: soreness, swelling, and redness at the injection site. The vaccine is contraindicated in individuals who are hypersensitive to yeast, or to any other component of the vaccine. It is possible that expanded commercial use of the vaccine could reveal rare adverse reactions. Three doses are administered in the usual 0, 1 and 6 month schedule resulted in immunity in 96% of healthy adults and adolescents.

The vaccine is given in a series of three injections in the following recommended manner: receive the first injection, one month after the first injection then the second injection is due, six months after the first injection was received the third injection is due.

To begin your series of injections, contact your local public health department, personal physician, or a walk-in clinic.

Hepatitis B Vaccination Waiver

Florida law requires that each Warner University student residing on campus shall provide documentation of a vaccination against Hepatitis B or waive the vaccination.

By executing this waiver, the undersigned student acknowledges that Warner University has provided him/her with detailed information concerning the risks associated with Hepatitis B. After having access to this information, the student elects to waive obtaining the Hepatitis B vaccination.

I have read the information on Hepatitis B that the college provided and I have elected to waive obtaining the Hepatitis B vaccine.

Term and Year Attending: Spring _____ Fall _____

Student Name (Printed): _____ Date: _____

Student Signature: _____

Parent Signature: _____ (If student is under 18)



Meningococcal Meningitis Vaccination Waiver

Meningococcal meningitis is a bacterial infection that can cause severe swelling of the brain and spinal cord. This disease is potentially very dangerous because it is relatively rare and it is often mistaken for a minor cold or the flu and, as a result, is ignored. The bad news is that up to 1 out of 5 people who develop meningococcal disease will die. Of those who survive, up to 1 in 5 will suffer from permanent disabilities such as amputation, brain damage, hearing loss, and seizures.

Recognizing the signs and symptoms of meningococcal disease is critical and potentially lifesaving. The most common early symptoms of meningitis are similar to the flu. Many people complain about having a headache, fever, stiff neck, extreme fatigue, nausea, vomiting, and sensitivity to light. Some people develop a purplish black-red rash of small dots (petechiae), mainly on their arms and legs.

Why is Meningococcal Disease a concern for college students?

Data from across the country continues to show that college-aged students, particularly freshmen, living on campus have a significantly higher risk of getting meningococcal disease than young people living off campus.

Reasons why college students are susceptible to the disease include the following: living in a crowded dormitory, going out to bars, drinking alcohol, smoking, and/or being around someone who smokes (passive smoking). Because the infection is easily transmitted through the air via droplets of respiratory secretions, direct contact with infected persons, (e.g. kissing and/or sharing of utensils, drinking glasses, or cigarettes) puts the individual at risk.

Are the vaccines against Meningitis?

There is a vaccine against Meningitis and is generally safe and well tolerated. Reactions that may occur include the following: soreness or redness at the injection site and mild fever.

Precaution: The vaccine is not recommended during pregnancy, if the immune system is compromised, or certain health conditions. No vaccine is 100% guaranteed for susceptible individuals.

Links and Resources:

- The American College Health Association (ACHA) www.acha.com
- Aventis Pasteur Inc. web site at www.us.aventispasteur.com

Meningococcal Meningitis Vaccination Waiver

Florida law requires that each Warner University student residing on campus shall provide documentation of a vaccination against Meningococcal Meningitis or waive the vaccination.

By executing this waiver, the undersigned student acknowledges that Warner University has provided him/her with detailed information concerning the risks associated with Meningococcal Meningitis. After having access to this information, the student elects to waive obtaining the Meningitis vaccination.

I have read the information on Meningococcal Meningitis that the college provided and I have elected to waive obtaining the Meningococcal Meningitis vaccination.

Term and Year Attending: Spring _____ Fall _____

Student Name (Printed): _____ Date: _____

Student Signature: _____

Parent Signature: _____ (If student is under 18)