

**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, 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 at least 28 days apart or two doses of measles and one Rubella
  - Vaccinations must have been received after your first birthday
  - Vaccinations must have been received in 1969 or later
- b. Proof of immunity by way of a blood test lab result (Measles and Rubella Titer)
- c. A written statement from a healthcare provider documenting a diagnosis of measles (Rubeola). Must include date of diagnosis, be signed by the healthcare provider and be on his/her official stationery. This is acceptable for measles only and does not apply to Rubella

**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:

- a. You were born before January 1, 1957.
- b. 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.
- c. Religious Exemption: For details on how to claim religious exemption, please visit our website at [www.fiu.edu/~health](http://www.fiu.edu/~health)

To prevent delays in your ability to register for your classes, all of the above documents requesting medical or religious exemptions must be received by the University Health Services at least four weeks prior to registration.

**Temporary Deferrals:**

Temporary deferrals are acceptable for the following conditions:

- a. Documented pregnancy or fertility treatment
- b. Documentation of breastfeeding
- c. Documented illness

Deferral status requests must be submitted to the University 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.

**2. 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

**Exemptions:**

Students declining to receive vaccination for meningitis and/or hepatitis B must present a signed waiver of liability acknowledging that they have received and read information pertaining to the disease and despite knowledge of the risks have decided to waive receiving the vaccine (if a minor, the waiver of liability must be signed by the parent or guardian). The waiver of liability can be obtained by contacting the University Health Services department or by visiting our website at [www.fiu.edu/~health](http://www.fiu.edu/~health)

**For acceptable forms of documentation, what to do if you can't find your immunization documents, where to get immunized and other frequently asked questions please visit our website at [www.fiu.edu/~health](http://www.fiu.edu/~health)**

# Florida International University Immunization Documentation Form

Name: \_\_\_\_\_  
Last
First
Middle

Panther ID Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTIONS: A, B, & C TO BE COMPLETED BY AUTHORIZED MEDICAL PERSONNEL ONLY**

**A. MMR Combined (Measles, Mumps, and Rubella): Two doses fulfill requirements**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 1st dose (received after 12 months of age or later).  
Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2<sup>nd</sup> dose (received at 28 days or more after 1<sup>st</sup> dose). **or**  
Month Day Year

**Measles (Rubeola): Two doses required**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 1<sup>st</sup> dose (received after 12 months of age in 1969 or later).  
Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2<sup>nd</sup> dose (received at 28 days or more after the 1<sup>st</sup> dose). **or**  
Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Positive Blood Titer (Lab results **must** be attached).  
Month Day Year

-----**AND**-----

**Rubella (German Measles): One dose required**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 1st dose (received after 12 months of age and in 1969 or later). **or**  
Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Positive Blood Titer (Lab results **must** be attached).  
Month Day Year

**B. Hepatitis B: Three doses fulfill requirements**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 1st dose  
Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2<sup>nd</sup> dose (must be at least 28 days after the 1<sup>st</sup> dose).  
Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 3<sup>rd</sup> dose (must be at least 112 days after the 1<sup>st</sup> dose  
Month Day Year **and 56 days after the 2<sup>nd</sup> dose).** **or**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Positive Blood Titer (Lab results **must** be attached).  
Month Day Year

**C. Meningitis: One dose required** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Health Care Provider Signature/Credentials \_\_\_\_\_ Date \_\_\_\_\_

**Health Care Provider  
Office Stamp Required:**

**Please submit this completed form at least four weeks prior to registration to:**

Florida International University, University Health Services

Modesto Maidique Campus  
 UHSC-Room 101  
 11200 S.W. 8 Street  
 Miami, FL 33199  
 305-348-3336(FAX)  
 305-348-2401

**or**

Biscayne Bay Campus  
 Health Care Center  
 3000 N.E. 151 Street  
 North Miami, FL 33181  
 305-919-5312(FAX)  
 305-919-5675