UNIVERSITY OF MIAMI
SCHOOL of NURSING
& HEALTH STUDIES

School of Nursing and Health Studies Immunization Form

The School of Nursing and Health Studies (SONHS) requires that all nursing students submit valid immunization and physical exam records prior to beginning nursing coursework. Once enrolled, nursing students must remain current and in good standing on each of these requirements or they may be removed from courses and/or clinical activities.

Nursing students must work with their healthcare provider to fill in the immunization information below. This form should be used to provide initial immunization information as well as any required updates throughout their time in the nursing program. The deadline to submit immunization records is August 22nd for the fall term, January 15th for the spring term, and April 15th for the summer term. Failure to submit immunization records by these deadlines may lead to a $50.00 fine, a CaneLink clinical hold, and/or removal from courses and/or clinical activities.

Student Information

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____ Age _____

5# _____ Academic Program _____ Entry Term: ☐ Fall ☐ Spring ☐ Summer Year _____

Healthcare Provider Information

Last Name _____ First Name _____ Middle Initial _____ Title _____

Address _____ City _____ State _____ Zip Code _____ Phone _____

Immunizations

Hepatitis B: Students must obtain three doses of the Hepatitis B immunization or serologic proof of immunity. If three doses of the Hepatitis B immunization are provided, it is recommended that verification of serological proof of immunity also be provided but only 1-2 months after Dose 3.

Dose 1: _____ Month _____ Day _____ Year Dose 2: _____ Month _____ Day _____ Year Dose 3: _____ Month _____ Day _____ Year

Hepatitis Immunity: ☐ Positive ☐ Negative _____ Month _____ Day _____ Year
(Note: Lab result must be provided)

Influenza (Flu): Students must obtain an annual flu vaccine.

Vaccine: _____ Month _____ Day _____ Year _____ Method of Administration _____ Dosage _____ Injection Site

_____ Manufacturer _____ Lot _____ Expiration _____ Facility Providing Vaccine

Measles, Mumps, and Rubella (MMR): Students must obtain two doses of the MMR immunization or provide serologic proof of immunity if they were born after 1956.

Dose 1: _____ Month _____ Day _____ Year
(Note: Must be after age 12 months)

Dose 2: _____ Month _____ Day _____ Year
(Note: Must be at least 28 days later)

Measles Immunity: _____ Month _____ Day _____ Year
(Note: Lab result must be provided)

Mumps Immunity: _____ Month _____ Day _____ Year
(Note: Lab result must be provided)

Rubella Immunity: _____ Month _____ Day _____ Year
(Note: Lab result must be provided)

Meningococcal Meningitis: Students must obtain the Meningococcal Meningitis immunization (i.e., Menactra/Menveo or Menomune) or decline the immunization by signing the waiver below. This immunization is highly recommended, especially if students are in their first year and plan to live on campus. A booster is suggested if they obtained this immunization before age 16.

Choose one: ☐ The student received this immunization (Select one: ☐ Menactra/Menveo ☐ Menomune): _____ Month _____ Day _____ Year

☐ The student read the information provided and declined this vaccine

Tetanus/Diptheria/Pertussis (Tdap): Students must have received the Tdap vaccination on or after age 11 years.

Vaccine (Note: One dose on or after 11th birthday): _____ Month _____ Day _____ Year

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Tuberculosis (TB): Students must obtain an initial two-step PPD test and follow up each year with an annual PPD test or chest X-ray, as well as an annual symptoms review.

Two-step PPD Test (Note: This should be completed if obtaining the PPD test for the first time)

Step 1: ☐ Positive ☐ Negative _____ mm induration _____ (Month) _____ (Day) _____ (Year)

Step 2: ☐ Positive ☐ Negative _____ mm induration _____ (Month) _____ (Day) _____ (Year)
(Note: Must be 1-2 weeks after Step 1 if Step 1 is negative)

Annual PPD (Note: This is only needed if previous PPD test was negative)

Previous Test: ☐ Positive ☐ Negative _____ mm induration _____ (Month) _____ (Day) _____ (Year)

Current Test: ☐ Positive ☐ Negative _____ mm induration _____ (Month) _____ (Day) _____ (Year)

Chest X-ray (Note: Only needed if your previous PPD test was positive)

X-ray: ☐ Normal ☐ Abnormal _____ (Month) _____ (Day) _____ (Year)
(Note: Chest X-ray report must be provided with this form)

If the PPD was positive and the chest X-ray was negative, was treatment of latent TB offered? ☐ Yes ☐ No

If the PPD was positive and the chest X-ray was negative, was treatment of latent TB accepted? ☐ Yes ☐ No

List the details of the treatment, including drug, dose, frequency, duration, etc.: _____

_____

The healthcare provider who is providing this treatment must complete the following:

_____ (Last Name) _____ (First Name) _____ (Middle Initial) _____ (Title)

_____ (Signature) _____ (Date)

Symptoms Review: Does the student have any of the following?

Appetite loss:	☐ Yes	☐ No	Fever:	☐ Yes	☐ No
Chest pain:	☐ Yes	☐ No	Hemoptysis (i.e., coughing up blood):	☐ Yes	☐ No
Chills:	☐ Yes	☐ No	Night sweats:	☐ Yes	☐ No
Cough for 3 weeks of more:	☐ Yes	☐ No	Weight loss:	☐ Yes	☐ No
Fatigue:	☐ Yes	☐ No			

Varicella: Students must obtain two doses of the Varicella immunization or provide lab evidence of immunity.

Does the student have a history of the Varicella disease? ☐ Yes ☐ No

Dose 1: _____ (Month) _____ (Day) _____ (Year) Dose 2: _____ (Month) _____ (Day) _____ (Year)
(Note: Must be at least 1 month after Dose 1)

Varicella Immunity: _____ (Month) _____ (Day) _____ (Year)
(Note: Lab result must be provided)

Approval Signatures

Signing below confirms that all immunization information provided above is complete and accurate.

Student*: _____ (Signature) _____ (Date) Healthcare Provider: _____ (Signature) _____ (Date)

Upload and Clearance Information

Students must upload their SONHS Immunization Form to two locations: (1) the Student Health Center's immunization portal, mystudenthealth.miami.edu, and (2) the SONHS' American DataBank Complio system. Students can pull copies of their immunization records from either system at any time. Please note that all immunization information provided to the Student Health Center is shared with the Florida SHOTS (State Health Online Tracking System) immunization registry unless students opt-out by contacting the Student Health Center at studenthealth@miami.edu.

*Note: The student's signature is required if the student is 18 years of age or older. Otherwise, this must be signed by a parent or legal guardian.