

Immunization records are **REQUIRED** for students residing in University provided housing and/or attending classes on an F1 or J1 visa. This information is required prior to checking in to your residence hall and/or registering for classes.

Please fax, scan and email or mail the completed Barry University Mandatory Immunization History Form.

No cover sheet needed.

If needed, vaccines can be administered to you, at the Barry University Student Health Center. A charge for vaccines received will be placed on your student account.

Instructions for the Barry University Mandatory Immunization Health History Form

In addition to this Mandatory Immunization Health History Form, you must log in to My Barry, to complete and submit all additional Required Health and Insurance information!

DO NOT WAIT! Late, incomplete or inaccurate information will delay registration and/or residence check-in:

Basic Instructions: Please use this check list to ensure that you have completed all required steps.

- c Include the student's Barry University ID or the last 4 digits of student's SSN on all correspondence.** Print all information legibly.
- c Have a doctor's office, clinic or health department fill out the medical areas of the form.** An "official stamp" AND an official signature from one of these entities must be included for this document to be complete and approved.
- c MINORS (students under 18): A parent/guardian signature must be included for waivers and medical treatment.**
- c KEEP A COPY FOR YOUR RECORDS.** Should anything be amiss, you can easily refer to what was sent to us.
- c Mail, fax or email the single records page only (and lab reports as needed) at least three (3) weeks prior to orientation/registration.**
Address: Barry University, 11300 NE 2nd Avenue, Landon 104, Miami Shores, Fl. 33161 Fax: (305) 899-3751. Email: healthservices@mail.barry.edu
- c Include any titer lab reports as needed with this document.**

Section A: Information about Required Immunizations

1. **MMR / MEASLES, MUMPS, RUBELLA VACCINE** – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is given because it protects from Measles, Mumps and Rubella. Two doses are required for students residing in any/all University housing and/or attending classes on and F1 or J1 visa at Barry University. One must have been received at 12 months age or later the second dose must have been received at least 30 days after the first dose.
OR: Provide lab evidence of immunity by doing a blood test to check for antibodies for Measles, Mumps and Rubella. If you do a blood test, you need to provide the results on a lab form that should be faxed or mailed with the completed Mandatory Immunization Health History Form. *****NOTE: All titers must include a lab report.*****
2. **HEPATITIS B VACCINE – Hepatitis B** is a serious viral liver infection, prevalent worldwide, that can lead to chronic liver disease and liver cancer. Anyone who comes in contact with the blood or other body fluids (semen, vaginal fluids and saliva) of an infected person is at risk for this disease. The virus can also be spread from mother to baby during pregnancy and delivery. You are encouraged to receive this 3 dose vaccine series. The **hepatitis B** vaccines are extremely safe and effective and can provide immunity against hepatitis B infection for adults at risk. Students in many academic health programs are required to have this vaccine. Students wishing to decline this vaccine must indicate their intent to waive on the Mandatory Immunization Health History Form. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline this vaccine, a parent must sign for you.
3. **MCV4 (MENACTRA/MENVEO) Meningococcal Meningitis VACCINE– Meningococcal Meningitis** is a severe form of bacterial meningitis that causes an infection of the brain and spinal cord. This bacterial infection, though rare, may cause severe neurological impairment, partial extremity amputations or even death (10-15 % mortality rate). **Barry University requires that all students residing in any/all University housing receive the MCV4 vaccine at age 16 or after.**
4. **Tdap (Tetanus/Diphtheria/Pertussis) And/Or Td VACCINE** – One dose of **Tdap** vaccine is required (beginning in 2005 or after) and must be documented. **Td-Booster** (required every 10 years). Documentation of **Td and Tdap** vaccine must be included in the space provided on the Mandatory Immunization Health History Form.

Section B: Information about Recommended Immunizations for Good Health

- **Varicella (Chickenpox)** – Provide proof of two doses of Varivax. OR: Provide results of a blood test on a lab form verifying immunity to Chickenpox/Varicella. *****NOTE: All titers must include a lab report.***** Students in many academic health programs are required to provide proof of these vaccines and/or titer.
- **Hepatitis A, HPV, Polio, Other** – In the boxes provided in this section you may also list any additional vaccines that were administered. These are not required.
- **Tuberculosis Screening:** A Tuberculosis Skin Test by PPD or Mantoux (within the last year) is required for students in many academic health programs.

**FOR MORE INFORMATION ON THESE VACCINES, PLEASE VISIT THE WEB AT
WWW.BARRY.EDU/HEALTHSERVICES.**

OFFICE USE ONLY

Barry University

Mandatory Immunization Health History Form

Name: _____

Date of Birth: ___ / ___ / ___ BU ID or Last 4 digits of SSN: _____

Phone: _____ Date of enrollment: _____

Section A: Required Immunizations

NOTE: ALL TITERS MUST INCLUDE LAB REPORT

	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
1. MMR (Measles, Mumps, Rubella)			DO NOT WRITE HERE	
2. Hepatitis B OR sign waiver below				
3. MCV4 (Menactra/Menveo) (Taken at age 16 or after)			DO NOT WRITE HERE	DO NOT WRITE HERE
4. Tdap (Tetanus/Diphtheria/Pertussis) (Documentation of one dose required as of 2005)				
5. AND/OR Td (Tetanus/Diphtheria) (Booster every 10 years if documentation of Tdap)				

I have read the information about Hepatitis B (see instructions page) and decline receipt of this vaccine.

Signature Of Student

Date

OR

Signature Of Parent/Guardian If Student Under 18

Relationship To Student

Date

Section B: Recommended Immunizations for Good Health

NOTE: ALL TITERS MUST INCLUDE LAB REPORT

	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT
Varicella (Chickenpox)			DO NOT WRITE HERE	
Hepatitis A				
HPV (Gardasil or Cervarix)				DO NOT WRITE HERE
Polio (last date)		DO NOT WRITE HERE / DO NOT WRITE HERE		DO NOT WRITE HERE
Tuberculosis Screening:				
TB Skin Test by PPD (Mantoux)	Date Placed	Date Read	MM	
Chest X-ray (if positive PPD or lab)	Date	Result	***Submit copy of chest X-ray report***	
Other				

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.

Official Office Stamp Here	Physician Or Authorized Signature	Date

MEDICAL TREATMENT CONSENT (For Student Under 18): I hereby authorize the Student Health Center at Barry University to render any treatment or medical care deemed necessary to the health and well-being of my child. I grant permission for the transfer of my child to an accredited hospital or other health care facility if deemed necessary by the medical health provider.

Signature Of Parent/Guardian

Relationship To Student

Date

IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.

Mail, Fax or Email this one (1) page (and lab reports as needed) at least three (3) weeks prior to arriving to campus to:

Barry University, Student Health Center, Landon 104, Miami Shores, FL 33161
 Phone: (305) 899-3750 Fax: (305) 899-3751, Email: healthservices@mail.barry.edu.