



Instructions for Saint Leo University Immunization Form

ALL FORMS ARE DUE TO THE HEALTH CENTER PRIOR TO
AUGUST 1.

Section A –

Measles and Rubella immunizations required for **EVERYONE** born after December 31, 1956. Any combination of two doses of measles and one dose of rubella within the following parameters will satisfy this requirement.

1. **MMR** – This combination vaccine is often given as a protection from Measles, Mumps and Rubella. **Two doses** are required for entry into Saint Leo University. (1) One must have been received at **12 months of age or later** and in **1971 or later**. The second dose must have been received at least **28 days** after the first dose.

OR

2. **Measles** (Rubeola) –

Two doses are required for entry into Saint Leo University. (1) One must have been received at **12 months of age or later** and in **1968 or later**. The second dose must have been received at least **28 days** after the first dose.

Immunity may also be verified by a copy of a laboratory (serologic) test known as a titer (IgG rubeola titer). The date of the laboratory test should be noted in the box marked titer and a copy of the lab report must be attached.

Immunity may also be verified by a written, dated statement signed by a physician on his/her stationery that specifies the date seen and stating that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever of 101° Fahrenheit or greater, a cough, and conjunctivitis, and in the physician's opinion is diagnosed to have had the 10 day measles (rubeola).

AND

3. **Rubella** (German Measles) –

- **One dose** of Rubella is required for entry into Saint Leo University given at age **12 months or later** and in **1969 or later**.
- Immunity may also be verified by a copy of a laboratory (serologic) test known as a titer (IgG rubella titer). The date of the laboratory test should be noted in the box marked titer and a copy of the lab report must be attached.

Additionally, students must provide the following:

4. **Diphtheria, Tetanus, and Pertussis booster** –

- Booster must have been administered within the past **10 years**.

5. **International Students Only – Tuberculosis skin test (PPD):**

- Documentation of a PPD skin test for TUBERCULOSIS administered **within six months** prior to starting at Saint Leo University. If the PPD is positive, documentation of a negative CHEST XRAY (CXR) as part of the initial evaluation of the PPD. No further chest X-Rays required unless symptoms develop that could be attributed to TB.

Section B –

ALL STUDENTS are required to read the following information about Hepatitis B and Meningitis and make a choice to receive the vaccines or decline receipt of the vaccines. **Students living**

in Saint Leo University housing MUST be vaccinated against Meningitis and Hepatitis B. No room will be assigned without proof of vaccination. This choice **REQUIRES** a signature.

***Hepatitis B** is a serious liver disease caused by the Hepatitis B virus (HBV) that can lead to chronic liver disease, liver cancer or death. It can be spread through contact with blood or body fluids of an infected person. Fifty percent of people with hepatitis B have no symptoms (but can infect others). Symptoms can include fever, poor appetite, fatigue, joint pain, nausea and vomiting. Some individuals also have yellowing of the skin (jaundice). Seventy five percent of cases occur in individuals between ages 15 and 39. More information about Hepatitis B is available through the following websites:*

<http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm>

<http://www.nlm.nih.gov/medlineplus/hepatitisb.html>

***Meningococcal meningitis** is a rare, possibly life-threatening infection causing inflammation of the membranes surrounding the brain and spinal cord. The symptoms can include fever, severe headache, stiff neck, rash, nausea, vomiting, and profound fatigue (lethargy). The symptoms are severe and progress rapidly. This disease is spread by direct contact with infected individuals. It has been found that certain social aspects of college life appear to be risk factors in acquiring the infection. These practices include living and working in close proximity to each other, smoking and second hand smoke, excessive alcohol consumption and bar patronage.*

The vaccine that is available will protect against four of the five strains of the disease and creates protective levels of antibodies in 90% of the adults studied. Protection lasts for at least 5 years. Side effects are mild and infrequent – usually just redness and swelling at the injection site for a day or two.

More information about meningococcal meningitis is available through the following websites:

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

<http://www.nlm.nih.gov/medlineplus/ency/article/000680.htm>

6. **Meningitis** - Provide the date of vaccination if you have been vaccinated or check the declination box.

Date must be accompanied by authorized signature or attached documentation.

7. **Hepatitis B** - Provide the date of vaccination if you have been vaccinated or check the declination box.

SIGNATURE IN SECTION B IS MANDATORY.

Section C – Reminder that Meningitis and Hepatitis B vaccinations are **REQUIRED** for all residents of Saint Leo University housing prior to receiving housing on campus and arrival on campus.

Section D – An MD office, clinic, or health department “official stamp” **AND** an authorized signature must be included for this document to be complete and approved. Alternate acceptable records which may be attached to this form include health department records, official State of Florida Immunization Form (Form 680), doctor’s records, or school records.

Section E - A signature of parent or guardian **MUST** be included here if the student is under the age of 18.

Submit Health Forms to:

Health and Wellness, Saint Leo University

PO Box 6665, MC2214

Saint Leo, FL 33574-6665

Email to: lisa.sutton@saintleo.edu

Or Fax to: (352) 588-8305

Additional Information

- The documented date of immunizations for measles and rubella should indicate the day, month and year. However, only month and year will suffice if the month and year indicate that the immunization was given at least 13 months after the month of birth.
- If you have any questions or need assistance in completing the forms, please contact the Health & Wellness Center at 352-588-8347.