



# Mandatory Immunization Form

Complete and send this form to the address specified as soon as possible. Completion of this form is necessary to comply with the Florida Statute 1006.69 and the Florida Admin Rule 6C-6.001(5). Please print clearly in black or blue ink.

Name: \_\_\_\_\_  
Last First Initial

Male  
 Female

Date of Birth: \_\_\_\_\_  
Month Day Year

Term/Year for which you are enrolling :  Fall  Spring \_\_\_\_\_  
Year

## A. Immunizations required of ALL students entering Beacon College:

### MMR (Measles/Mumps/Rubella)

Dose 1  
MM DD YY

Dose 2  
MM DD YY

-OR-

### Measles (Rubeola)

Dose 1  
MM DD YY

Dose 2  
MM DD YY

OR

Titer/Date  
MM DD YY

Copy of lab report must be attached

-AND-

### Rubella (German Measles)

MM DD YY

OR

Titer/Date  
MM DD YY

Copy of lab report must be attached

### \*\*\*Meningitis Vaccine

MM DD YY

\*\*\*AND Booster IF 1<sup>st</sup>. dose of Meningitis Vaccine was given before 16 years of age: .If not sign decline form

MM DD YY

### Hepatitis B (If Positive HepB surface antibody attach copy of lab results)

Dose 1  
MM DD YY

Dose 2  
MM DD YY

Dose 3  
MM DD YY

### For international students ONLY:

TB (Tuberculosis)  
MM DD YY

## B. Immunizations recommended for good health:

Mumps  
MM DD YY

HPV  
MM DD YY

Polio (last dose)  
MM DD YY

### Varicella (Chicken Pox) 2 shots or date of illness

Dose 1  
MM DD YY

Dose 2  
MM DD YY

OR

Date of Illness  
MM DD YY

### Hepatitis A

Dose 1  
MM DD YY

Dose 2  
MM DD YY

## C. An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear on this form.

Name of Public Health Clinic or Physician (facility stamp)

Physician or Authorized Signature

Date

PLEASE KEEP A COPY FOR YOUR RECORDS

Send or fax form as soon as possible to:

105 East Main Street; Leesburg, Florida 34748 | Phone: 855-220-5376 | Fax: 352-787-0796