Health Office
105 East Main Street
Leesburg, Florida 34748
Phone (855) 220-5376
Fax (352) 787-0796
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Mandatory Immunization Form

to be completed by health care provider

Complete and return this form as soon as possible. Completion of this form is necessary to comply with the Florida Statute 1006.69 and the Florida Admin Rule 6C-6.00l(S). **Please print clearly in black or blue ink.**

Student's Full Name: _____ ❑ Male ❑ Female

Date of Birth: ___/___/___ Enrollment Term: ❑ 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

Rubella (German Measles):
Dose 1: MM DD YY **OR** Titer/Date: MM DD YY

- AND -

Measles (Rubeola):
(Copy of lab report must be attached.)
Dose 1: MM DD YY Dose 2: MM DD YY **OR** Titer/Date: MM DD YY

Meningitis Vaccine:
(If 1st dose was given before 16 years old, include Booster date. If not, sign Decline form.)
Dose: MM DD YY Booster: MM DD YY

Td (Tetanus/Diphtheria): MM DD YY **AND** Tdap (Tetanus/Diphtheria/Pertussis): 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:

Public Health Clinic or Physician Name (facility stamp) _____ Physician or Authorized Signature _____ Today's Date _____