



THE FLORIDA STATE UNIVERSITY
UNIVERSITY HEALTH SERVICES
 HEALTH & WELLNESS CENTER



FAMU CO-OP/ Dual Enrollment Form

Part A—Print or type. Illegible forms will not be processed.

STUDENT NAME: Last _____ First _____ MI _____

DATE OF BIRTH: ___/___/___ FSU EMPLID _____ Gender: Male Female Other Race: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Part B — To be completed by Clinician/Records custodian

BOTH IMMUNIZATIONS MUST BE COMBINED MMRs. SINGLE SHOTS ACCEPTABLE ONLY IF ADMINISTERED ON THE SAME DATE.

If your attached CO-OP/Dual Enrollment form has the required immunizations, the MMR dates do not have to be entered here. Make certain to bring Two copies of the FAMU record if you are from FAMU.

Part B Dates Required	REQUIRED IMMUNIZATIONS		
Combined MMR dates No single shots	Dose 1 / / On or after first birthday	Dose 2 / / At least 28 days later	Titers: document attached
Meningococcal Meningitis dates	Dose 1 / /	Dose 2, if applicable	
Meningococcal Meningitis	Waiver Student Initials _____	Date / / of waiver (REQUIRED)	
Hepatitis B dates	Dose 1 / /	Dose 2 / /	Dose 3 / /
Hepatitis B	Waiver Student Initials _____	Date / / of waiver (REQUIRED)	Titer: document attached

Waiver Information: I have received the required information regarding the risks of acquiring meningococcal meningitis and Hepatitis B and the benefits of receiving immunizations to reduce those risks. I also understand that I am required to receive these immunizations or to actively decline the immunizations by placing my initials in the space(s) **provided above**. I understand that I may decline either or both immunizations and that declining these vaccines now does not mean I may not receive them in the future. _____
 patient signature

Part C: AUTHORIZATION and additional comments: The immunization dates and any statements of contraindication to immunizations entered on this document are, as of the date signed, verified by my signature below. Additional physician comments: _____

 Clinician or Records Custodian Name

 Clinician or Records Custodian Signature

 Date

 Office Stamp

FAMU CO-OP/Dual Enrolled Immunization Record fax to 850-644-8958 or mail to 960 Learning Way, Tallahassee, FL 32306-4178