**Instructions for the Barry University  
Mandatory Immunization Health History Form**

**In addition to this Mandatory Immunization Health History Form, you must log in to myBarry, 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.

* **Include the student’s Barry University ID or the last 4 digits of student’s SSN on all correspondence.** Print all information legibly.
* **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.
* **MINORS (students under 18): A parent/guardian signature must be included for waivers and medical treatment.**
* **KEEP A COPY FOR YOUR RECORDS.** Should anything be amiss, you can easily refer to what was sent to us.
* **Upload your immunizations records via** [**http://barry.studenthealthportal.com/**](http://barry.studenthealthportal.com/)**.**
* **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**](http://WWW.BARRY.EDU/HEALTHSERVICES)**.**

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| OFFICE USE ONLY | A picture containing clipart  Description automatically generated  **Mandatory Immunization Health History Form**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_ /\_\_ /\_\_\_\_ BU ID or Last 4 digits of SSN: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 |  |
| 1. **Hepatitis B** OR sign waiver below |  |  |  |  |
| 1. **MCV4 (Menactra/Menveo)**  (Taken at age 16 or after) |  |  | DO NOT WRITE HERE | DO NOT WRITE HERE |
| 1. T**dap** (Tetanus/Diptheria/Pertussis) (Documentation of one dose required as of 2005) |  |  |  |  |
| 1. **AND/OR Td** (Tetanus/Diptheria)  (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. | | | | |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student | \_\_\_\_\_\_\_\_\_ Date | **OR** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian If Student Under 18 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student | \_\_\_\_\_\_\_\_\_ Date |

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| **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.

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**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.

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**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**  
Please go to <https://barry.studenthealthportal.com> and enter the dates on this form on the Immunization History form located under Pending Forms and then click on Document Upload and upload a picture of this completed document into the portal.  
For questions or assistance with this process please email us at [healthservices@barry.edu](mailto:healthservices@barry.edu) or call Student Health Services at (305) 899-3750.