

## Medical History & Immunization Form



Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ USF ID #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Incoming Semester: \_\_\_\_\_

This SIGNED and COMPLETED form is required prior to course registration (instructions on page 2)

An official translation is required for any forms not in the English language

### Section A: Required Immunizations for ALL students born after 12/31/1956

Vaccine Name	Month/Day/Year <small>Format: MM/DD/YYYY</small>	Month/Day/Year <small>Format: MM/DD/YYYY</small>	Month/Day/Year <small>Format: MM/DD/YYYY</small>	Titer Date & Result <small>In lieu of vaccine dates</small>
<b>1. MMR</b> <small>Two doses on or after first birthday OR IgG titer within last 5 years</small>			DO NO WRITE HERE	Attach Quantitative Lab Report Done within last 5 (five) years
<b>2. Hepatitis B</b> <small>Three doses OR check the decline box</small>				Attach Quantitative Lab Report
<input type="checkbox"/> I have read the <a href="#">information</a> about Hepatitis B and <a href="#">decline</a> receipt of this vaccine				
<b>3. Meningitis A, C, Y, W-135</b> <small>One dose after 16th birthday OR check the decline box</small>		DO NOT WRITE HERE		
<input type="checkbox"/> I have read the <a href="#">information</a> about Menactra/Meningococcal Meningitis and <a href="#">decline</a> receipt of this vaccine				
<b>4. Signature Of Student</b> _____		<b>And</b> _____		<b>Signature of Parent/Guardian (if student is under 18)</b> _____
Date _____				Relationship _____ Date _____

**5. Tuberculosis Screening:** must be done within 6 months prior to the start of the semester  
 Required for all students residing at an address outside the US at the time of application

TB Skin Test by PPD Mantoux <small>Must be read 2-3 days after injection</small>	Date Placed	Date Read	MM: <small>measurements in millimeters Do not use symbols or decimal</small>	Result  <b>POSITIVE / NEGATIVE</b> <small>Please circle one</small>
<b>or Blood Test/ Lab</b> <small>QFT or Tspot only</small>	<b>Date</b>	<b>Result</b>	Submit Copy of Lab Report with student's name and DOB typed not handwritten	
<b>or Chest X-ray</b> <small>if positive PPD or Lab</small>	<b>Date</b>	<b>Result</b>	Submit Physician Signed Chest X-ray Report with student's name and DOB typed not handwritten	

**Section B: Official stamp with address AND an authorized signature must appear here or this form will not be approved. Official stamp from a doctor's office, clinic, or health department.**

**Must attach official vaccine record(s) if this section is blank.**

Official records must include the healthcare provider's contact information typed, not handwritten, or an official stamp.

\_\_\_\_\_  
 Print Facility/Physician/Authorized Personnel Name    Phone Number \_\_\_\_\_

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Physician or Authorized **Signature**                      Date \_\_\_\_\_

\_\_\_\_\_  
 Official Office Stamp Here

IMPORTANT! Keep a copy of this page AND all lab reports for your records  
 Submit at least three (3) weeks prior to orientation/course registration

# Medical History & Immunization Form

DO NOT WAIT! Late, incomplete or inaccurate information will prevent course registration.

Submit official documents at least three (3) weeks prior to orientation/course registration.

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## Basic Instructions:

- Include the student's ID on all correspondence. Print all student information legibly (name, phone, etc.).
- MINORS (students under 18): A parent/guardian signature must be included.
- KEEP A COPY FOR YOUR RECORDS.
- Upload documents through one of the following avenues; [Admissions portal](#), [My Bulls Path portal](#) or [Web Submissions](#)

## Unable to submit online? Try one of these submission methods.

Mail, fax, email or upload ([www.shs.usf.edu](http://www.shs.usf.edu)) this form and supporting medical documentation/lab reports as needed

### Tampa Campus

Student Health Services  
4202 East Fowler Avenue, SHS100  
Tampa, FL 33620-6750  
Phone: (813) 974-4056  
Fax: (813) 974-5888  
[immunization@shs.usf.edu](mailto:immunization@shs.usf.edu)

### INTO USF International Student Program

Student Services  
4202 E Fowler Ave, FAO100  
Tampa, FL 33620  
Phone: (813) 974-3911  
Fax: (813) 905-9686  
[INTOimmunization@usf.edu](mailto:INTOimmunization@usf.edu)

### St. Petersburg Campus

Wellness Center  
140 7<sup>th</sup> Ave. S. SLC 2200  
St. Petersburg, FL 33701  
Phone: (727) 873-4422  
Fax: (727) 873-4193  
[immunizations@usfsp.edu](mailto:immunizations@usfsp.edu)

### Sarasota Campus

Student Services – Immunization  
8350 N. Tamiami Trail C107  
Sarasota, FL 34243  
Phone: (941) 359-4330  
Fax: (941) 359-4236  
[immunization@sar.usf.edu](mailto:immunization@sar.usf.edu)

- FINAL STEP: Check your status on your OASIS Account ([oasis.usf.edu](http://oasis.usf.edu)). Please allow 3-7 business days for processing.

## Section A: Information about Required Immunizations

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**MMR Vaccine** – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is often given because it protects from measles, mumps and rubella. Two doses are required for entry into the state university system of Florida. First dose must have been received after 1st birthdate. The second dose must have been received at least 30 days after the first dose.

**Hepatitis B Vaccine** – Center for Disease Control (CDC) recommends this vaccine series. Students in many academic health programs are required to have this vaccine. Students declining this vaccine must read the information about Hepatitis B to understand the possible risk in not receiving this vaccine (available at [www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html)).

**Menactra/MCV4 (Meningococcal Meningitis Vaccine)** –The Advisory Committee on Immunization Practices (ACIP) recommends this vaccine for students living in campus residence halls. Center for Disease Control (CDC) recommends this vaccine series. Students in many academic health programs are required to have this vaccine. Students declining this vaccine must read the information about Meningitis to understand the possible risk in not receiving this vaccine (available at [www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html)).

**Tuberculosis Screening: *Required for students residing at an address outside the U.S. at the time of application* and most Academic Health Programs** – A Tuberculosis Skin Test by PPD or Mantoux or Blood Test (QFT or Tspot) is required within the last six months prior to semester begin date.

PPDs must be read between 48-72 hours of administration. The result must be listed in “mm” and indicate whether negative or positive.

If you do the blood test, submit a copy of the laboratory report.

**If the PPD is positive or the Blood Test is positive, submit a physician signed copy of the chest X-ray report.**

## Section B: To be completed by a medical facility, clinic, or health department

If vaccination record is not attached: an official stamp including an address from a doctor's office, clinic or health department AND an authorized signature must appear here or this form will not be approved. All TITERS (blood tests) must have lab report attached.