

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>
1. MMR <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
2. Hepatitis B <small>Three doses OR check the decline box</small>				Attach Quantitative Lab Report
<input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine				
3. Meningitis A, C, Y, W-135 <small>One dose after 16th birthday OR check the decline box</small>		DO NOT WRITE HERE		
<input type="checkbox"/> I have read the information about Menactra/Meningococcal Meningitis and decline receipt of this vaccine				
4. Signature Of Student _____ <i>Date</i> _____ And <i>Signature of Parent/Guardian (if student is under 18)</i> _____ <i>Relationship</i> _____ <i>Date</i> _____				

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 POSITIVE / NEGATIVE <small>Please circle one</small>
or Blood Test/ Lab <small>QFT or Tspot only</small>	Date	Result	Submit Copy of Lab Report with student's name and DOB typed not handwritten	
or Chest X-ray <small>if positive PPD or Lab</small>	Date	Result	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

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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) 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

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

St. Petersburg Campus

Wellness Center
140 7th Ave. S. SLC 2200
St. Petersburg, FL 33701
Phone: (727) 873-4422
Fax: (727) 873-4193 usfsp-immunizations@usf.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

- FINAL STEP: Check your status on your OASIS Account (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).

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).

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.