

## 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 Format: MM/DD/YYYY	Month/Day/Year Format: MM/DD/YYYY	Month/Day/Year Format: MM/DD/YYYY	Titer Date & Result In lieu of vaccine dates
<b>1. MMR</b> (Two doses on or after first birthday <b>OR</b> IgG titer)			DO NOT WRITE HERE	Attach Quantitative Lab Report Done within last 5 (five) years
<b>2. Hepatitis B</b> (Three doses <b>OR</b> IgG titer <b>OR</b> check the decline box)				Attach Quantitative Lab Report Done within last 5 (five) years
<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> 1 dose <u>after</u> 16th birthday <b>OR</b> check the decline box		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> _____ <i>Date</i> _____ <b>And</b> _____ <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 1<sup>st</sup> semester you physically attend classes

Required for students using an address outside the US at the time of application

TB Skin Test by PPD Mantoux (Must be read 2-3 days after injection Measurement in millimeters and must be ≤ 9MM)	Date Placed	Date Read	MM: Do not use symbols or decimal	Result: <b>POSITIVE / NEGATIVE</b> Please circle one
or Blood Test/ Lab (QFT or Tspot only)	Date	Result Attach Lab Report	Submit Copy of Lab Report with student's name and DOB typed not handwritten	
Chest X-ray (REQUIRED if blood test or PPD results are positive)	Date	Result Attach Lab Report	Submit Physician Signed Chest X-ray Report with student's name and DOB typed not handwritten	

**Section B: To be completed by healthcare provider with official stamp if you do not include official vaccine records.**  
Official records must include healthcare provider's contact information typed, not handwritten, or an official stamp.

Print Facility/Physician/Authorized Personnel Name _____		Phone Number (Including country code) _____
Address (Including country if located outside of the U.S.) _____		
Physician or Authorized Signature _____	Date _____	Official Office Stamp Here _____

### Section C: Medical Consent for students under 18 years old

I HEREBY AUTHORIZE Student Health Services and the Counseling Center at the University of South Florida to employ diagnostic procedures, including blood testing, imaging, and COVID-19 testing, and to render necessary medical care including COVID-19 vaccines psychological/psychiatric care, and emergency treatment. I grant permission for the transfer of my student to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider and for my student to sign any necessary consents.			
Printed name of Parent/Guardian _____	Signature of Parent /Guardian _____	Relationship _____	Date _____

**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.

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

## 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/Sarasota Campus

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

### INTO USF *International Student Program*

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

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

## Section A: Information about Required Immunizations

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

**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 using 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 six months prior to 1<sup>st</sup> semester you physically attend classes on campus. **If the Skin Test and/or Blood Test is not available in your country, screening must be done upon your arrival in the US.**

PPDs must be read between 48-72 hours after being administered. The result must be listed in “mm” as a single digit number and the results must indicate if negative or positive.

For Blood test, submit quantitative lab report that includes your name, date of birth and healthcare provider or lab's contact information.

If the PPD skin test OR Blood test is positive, submit a physician signed copy of the chest X-ray report and quantitative lab report.

**Section B:** To be completed by a medical facility, clinic, or health department **IF** official vaccination records are not attached.

**Section C:** A signature of parent or guardian **MUST** be included on the form if the student is under the age of 18.