

Medical History & Immunization Form



Name: _____

Birthdate: _____ USF ID #: _____

Student USF Email: _____

Phone #: _____ Incoming Semester: _____

This form is designed to assist students in complying with [USF Policy 33-002](#) and [USF Policy 33-003](#). (Instructions on page 2)

Section A: Required Immunizations/Screenings 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 |
|---|--------------------------------------|--------------------------------------|---|---|
| 1. MMR (Two doses on or after first birthday OR IgG titer) | | | DO NOT WRITE HERE | Attach Quantitative Lab Report Done within last 5 (five) years |
| 2. Hepatitis B (Three doses OR IgG titer OR check the decline box) | | | | Attach Quantitative Lab Report Done within last 5 (five) years |
| <input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine | | | | |
| 3. Meningitis A, C, Y, W-135 (1 dose after 16th birthday OR check the decline box) | | 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 _____ Date _____ And Signature of Parent /Guardian (if student is under 18) _____ Relationship _____ Date _____ | | | | |
| 5. Tuberculosis Screening: must be done within 6 months prior to the 1 st semester you physically attend classes Required for students using an address outside the US at the time of application regardless of age. | | | | |
| 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: POSITIVE / NEGATIVE 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 to avoid delays.

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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.

Basic Instructions:

- ☐ Include the student's university ID# on all correspondence. Print all student information legibly (name, phone, etc.).
- ☐ An official English translation is required for any official documents not in the English language.
- ☐ Upload documents through one of the following avenues; [Admissions portal](#), [My Bulls Path portal](#) or [Web Submissions](#).
- ☐ KEEP A COPY FOR YOUR RECORDS.
- ☐ FINAL STEP: After 7 days, check your status on your OASIS Account (oasis.usf.edu) and/or monitor your USF email for updates.

Unable to submit online? Try one of these submission methods

Fax or mail to the campus you will be attending

Tampa or Sarasota Campus

Student Health Services
4202 East Fowler Avenue, SHS100
Tampa, FL 33620-6750
Phone: (813) 974-4056
Fax: (813) 974-5888
[Contact us](#)

St. Petersburg Campus

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

Section A: Information about Required Immunizations

MMR Vaccine – Required for students born after Dec. 31, 1956. This combination vaccine protects against measles, mumps, and rubella. Two doses are required for entry into the state university system of Florida. First dose must be administered after 1st birthday. The second dose must be administered at least 30 days after the first dose.

Hepatitis B Vaccine – Center for Disease Control (CDC) recommends this vaccine series. Students enrolled in 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 of not receiving this vaccine 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. CDC also recommends this vaccine series. Students enrolled in academic health programs are required to have this vaccine. Students declining this vaccine must read the information about Meningitis to understand the possible risk of not receiving this vaccine at 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 Academic Health Programs* – A Tuberculosis Skin Test by PPD or Mantoux or Blood Test (QFT or Tspot) is required within six months prior to the 1st semester you physically attend classes on campus. **If the Skin Test and/or Blood Test is not available where you reside, 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 include 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: Medical consent- signature of parent/legal guardian required for students under the age of 18.