



URGENT-ACTION REQUIRED!

This SIGNED and COMPLETED form is required **prior** to orientation/course registration (instructions on page 2).
After completion, promptly submit to your home campus.

Mandatory Immunization History Form

Last/Family Name: _____ First/Given Name: _____ Date of Birth: _____

USF ID: _____ Phone: _____ Email: _____

Section A: Required Immunizations *NOTE: ALL TITERS (blood tests) MUST HAVE LAB REPORT ATTACHED*****

| | Immunizations | | | ***Titers*** |
|---|---|-------------------|--|-------------------|
| | Month/Day/Year | Month/Day/Year | Month/Day/Year | Month/Day/Year |
| 1. MMR (two doses after 1st birthday) | | | DO NOT WRITE HERE | |
| 2. Hepatitis B | <input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine. | | | |
| 3. Meningitis/Menactra/MCV4 (one dose after 16th birthday) <i>required if living on campus</i> | | DO NOT WRITE HERE | | |
| | <input type="checkbox"/> I have read the information about Menactra/Meningococcal Meningitis and decline receipt of this vaccine <u>and</u> will NOT be living on a USF campus. | | | |
| 4. _____ | _____ | AND | _____ | _____ |
| Signature of student | Date | | Signature of parent/guardian if student under 18 | Relationship Date |

5. Tuberculosis Screening: *Required for all students residing at an address outside the U.S. at the time of application*
(within the last 6 months prior to arrival)

| | | | | | |
|---|-------------|-----------|--|-----|-----|
| TB Skin Test by PPD (Mantoux) <i>(must be read 2-3 days after injection)</i> | Date Placed | Date Read | MM | Neg | Pos |
| OR Blood Test (QFT or Tspot) | Date | Result | Submit copy of lab report | | |
| Chest X-ray (if positive PPD or lab) | Date | Result | Submit copy of chest X-ray report | | |

Section B (OPTIONAL): Recommended Immunizations for Good Health

| | Immunizations | | | ***Titers*** |
|---|----------------|----------------|---------------------|----------------|
| | Month/Day/Year | Month/Day/Year | Month/Day/Year | Month/Day/Year |
| Td (Tetanus/Diphtheria) | | | DO NOT WRITE HERE | |
| AND/OR Tdap (Tetanus/Diphtheria/Pertussis) | | | DO NOT WRITE HERE | |
| Varicella (Chicken Pox) | | | History of Disease: | |
| Hepatitis A | | | | |
| HPV (Gardasil) | | | | |
| Polio (last date) | | | DO NOT WRITE HERE | |
| Other: | | | | |

Section C: Complete only if supporting medical documentation is not attached

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.

Official Office Stamp Here **Physician or Authorized Signature** **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 (instructions on page 2).

Mandatory Immunization Health History Form

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

- 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.**
- Mail, fax, email or submit online (www.shs.usf.edu) only page 1 (and supporting medical documentation/lab reports as needed) at least three (3) weeks prior to orientation/course registration.**

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

St. Petersburg Campus

Wellness Center
140 7th Ave. S. SLC 2200
St. Petersburg, FL 33620-6750
Phone: (727) 873-4422
Fax: (727) 873-4193
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

Lakeland Campus

Student Affairs
3433 Winter Lake Road –
Lakeland, FL 33803
Phone: (863) 667-7000
Fax: (863) 667-7096
immunization@poly.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

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 birthday. 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/pubs/vis/).

Menactra/MCV4 (Meningococcal Meningitis Vaccine) – *Required for all students who will live on the USF campus.* The Advisory Committee on Immunization Practices (ACIP) recommends this vaccine for students living in campus residence halls. Students will **NOT** be assigned a USF residence hall room until proof of this vaccination is received by USF. Students not living on campus, declining this vaccine, must read the information about Menactra/Meningococcal Meningitis to understand the possible risk in not receiving this vaccine (available at www.cdc.gov/vaccines/pubs/vis/). Most recent dose must have been received after 16th birthday.

Tuberculosis Screening: *Required for all 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 (within the last six months) or Blood Test (QFT or Tspot) is required.

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 copy of the chest X-ray report.

Section B (OPTIONAL): Information about Recommended Immunizations for Good Health

Td (Tetanus)/Diphtheria or/and Tdap (Tetanus/Diphtheria/Pertussis) – Booster shot within last 10 years. Space is provided to record this information.

Varicella (Chicken pox) – History of disease or vaccine is acceptable. Indicate the date you had chicken pox. OR: Provide proof of two doses of Varivax. OR: Provide results of a blood test on a laboratory form.

Hepatitis A, HPV, Polio, Typhoid, Yellow Fever, Other – In the boxes provided in this section you may also list any additional vaccines that were administered. These are not required.

Section C: Complete only if supporting medical documentation is not attached

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.