

# Immunization Health History Form



**STUDENT HEALTH SERVICES**

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

This SIGNED and COMPLETED form is required prior to orientation/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	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT <small>in lieu of vaccine dates</small>
<b>1. MMR</b> <small>Two doses after first birthday</small>			DO NO WRITE HERE	Attach Lab Report
<b>2. Hepatitis B</b> <small>Three doses <b>OR</b> check the decline box</small>				Attach Quantitative Lab Report
	<input type="checkbox"/> I have read the information about Hepatitis B and <u>decline</u> receipt of this vaccine			
<b>3. Meningitis/MCV4/ Menactra</b> <small>One dose <u>after 16th birthday</u> <b>OR</b> check the decline box</small>			DO NO WRITE HERE	DO NOT WRITE HERE
	<input type="checkbox"/> I have read the information about Menactra/Meningococcal Meningitis and <u>decline</u> receipt of this vaccine			
<b>4. Signature Of Student</b> _____ <small>Date</small>		<b>And</b> _____ <small>Signature of Parent /Gurdian (if student is under 18) Relationship Date</small>		

**5. Tuberculosis Screening:** within the last 6 months prior to semester  
 Required for all international and U.S. Born students with a Non- U.S. Permanent address

TB Skin Test by PPD Mantoux <small>Must be read 2-3 days after injection</small>	Date Placed	Date Read	MM induration of millimeters	Result  <b>POSITIVE / NEGATIVE</b>
<b>or</b> Blood Test/ Lab <small>QFT or Tspot only</small>	<b>Date</b>	<b>Result</b>	Submit Copy of Lab Report	
<b>or</b> Chest X-ray <small>if positive PPD or Lab</small>	<b>Date</b>	<b>Result</b>	Submit Physician Signed Chest X-ray Report	

**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 vaccine record(s) if this section is blank**

  
  
  

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  
 Upload form to Admissions Portal (instructions on pg 2) <https://secure.vzcollegeapp.com/usf>

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

Submit 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 all documents via the Admissions Portal (<https://secure.vzcollegeapp.com/usf>)  
To upload: Sign-in (right side of web page) and select My Workspace, then choose My Documents and upload your forms

## Can't access the Admissions Portal? 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

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 all international and U.S. Born students residing at an address outside the U.S.*** 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.