WHAT TO CHECK WHEN SUBMITTING YOUR IMMUNIZATION DOCUMENTS

Measles, Mumps and Rubella

- BOTH your first MMR (MMR 1) and your second MMR (MMR 2) must be taken after your first birthday.
- Your MMR 2 must be taken at least 30 days after your MMR 1

You can also have Titer lab work done instead. If you do, you must do the following:

- Attach the lab results with your name, the date, and your date of birth (DD/MM/YYYY)
- Titer lab results must be in a numerical value showing the range of immunity

Tuberculosis

*REQUIRED FOR ALL INTERNATIONAL STUDENTS AND US CITIZENS LIVING OUTSIDE OF THE UNITED STATES

- Must be completed 6 months before arriving in the US. (For example, if you are arriving on June 1st, we cannot accept screenings done prior to January 1st.)
- The skin test must be read within 48-72 hours
- Results must be listed in the section that says “MM” in your Immunization Forms (see picture on right).
- Your results must be written as a single digit, with no decimals or symbols.
- Negative results are 0-9
- Positive results are 10 or more
If your results are positive (10 or more), you must do the following:

- Submit a **QFT or T-Spot blood test** (these are the only accepted types, and you must indicate your test type) OR a chest **x-ray report** with your name and **date of birth (MM/DD/YYYY)**
- Make sure you submit only a **chest x-ray report** and not an image of your chest x-ray.

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**Meningitis/Menactra/MCV4**

**MENINGITIS IS OPTIONAL, BUT IF YOU CHOOSE TO DECLINE, YOU MUST FOLLOW THE STEPS BELOW:**

- To decline the Meningitis shot, you must check the box next to **number 3** on your Immunization form (*please see below*).

  - **I have read the information about Menactra/Meningococcal Meningitis and decline receipt of this vaccine**

- If you do choose to take the meningitis shot, it must be taken **after your 16th birthday**.

---

**Hepatitis B**

*HEPATITIS B IS OPTIONAL. BUT IF YOU CHOOSE TO TAKE HEPATITIS B 1, YOU MUST COMPLETE HEPATITIS B 2 AND HEPATITIS B 3. IF YOU DECLINE, PLEASE FOLLOW THE STEPS BELOW:*

- To decline Hepatitis B, you must check the box next to **number 2** on your immunization form

  - **I have read the information about Hepatitis B and decline receipt of this vaccine**

**If you choose to take the Hepatitis B 1 shot, please follow the steps below:**

- Hepatitis B 1 can be taken at any time.
- Hepatitis B 2 must be taken **30 days after Hepatitis B 1**.
- Hepatitis B 3 must be taken **30 days after Hepatitis B 2**.
# Medical History & Immunization Form

Name: Rocky D. Bull  
Birthdate: December 5, 1990  
USF #: U12345678  
Email: INTOImmunization.usf.edu  
Phone #: 813-974-3911  
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  

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Titer Date &amp; Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MMR</td>
<td>This must be taken 365 days after your first birthday. If your birthday is 12/5/1990, MMR #1 can be no earlier than 12/5/1991</td>
<td>Your second MMR must be taken at least 30 days after your first MMR</td>
<td>DO NO WRITE HERE</td>
<td>Attach Quantitative Lab Report See USF Immunization Compliance webpage for sample lab report</td>
</tr>
<tr>
<td>OR IgG titer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hepatitis B</td>
<td>Optional. You can decline by checking the box below.</td>
<td></td>
<td></td>
<td>Attach Quantitative Lab Report See USF Immunization Compliance webpage for sample lab report</td>
</tr>
<tr>
<td>Three doses OR check the decline box</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Meningitis</td>
<td>Optional. You can decline by checking the box below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A, C, Y, W-135</td>
<td></td>
<td></td>
<td></td>
<td>DO NOT WRITE HERE</td>
</tr>
<tr>
<td>One dose after 16th birthday OR check the decline box</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I have read the information about Hepatitis B and decline receipt of this vaccine  
☐ I have read the information about Menactra/Meningococcal Meningitis and decline receipt of this vaccine

Rocky D. Bull  
November 12, 2019  
Parent/Guardian sign if student is under 18

## 4. Signature Of Student  
Date  
And  
Signature of Parent /Guardian (if student is under 18)  
Relationship  
Date

## 5. Tuberculosis Screening:  
within the last 6 months prior to semester  
Required for all students residing at an address outside the US at the time of application  

<table>
<thead>
<tr>
<th>Test</th>
<th>Date Placed</th>
<th>Date Read</th>
<th>MM:</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Skin Test by PPD Mantoux</td>
<td>Must be completed 6 months before arriving</td>
<td>Must be read within 48-72 hours of injection</td>
<td>Written as a single digit Measurements in millimeters Do not use symbols or decimals</td>
<td></td>
</tr>
<tr>
<td>or Blood Test/ Lab QFT or Tspot only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Chest X-ray if positive PPD or Lab</td>
<td>Date</td>
<td>Result</td>
<td>Report must be translated</td>
<td>Submit Copy of Lab Report with student’s name and DOB typed not handwritten</td>
</tr>
</tbody>
</table>

Result: POSITIVE / NEGATIVE  
Please circle one

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.

<table>
<thead>
<tr>
<th>Health Care Medical Center</th>
<th>+86 20 3973-4311</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Facility/Physician/Authorized Personnel Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>1053 Ardin Street, GuanZhou, P.R.C.</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Rockwell D. Bull, M.D</td>
<td>November 1, 2019</td>
</tr>
<tr>
<td>Physician or Authorized Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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

Updated 10/25/19
Important Formatting Tips for Tuberculosis Results

Tuberculosis screening must be completed 6 months before arriving in the US. The skin test must be read within 48-72 hours. Results must be written as a single digit, with no decimals or symbols in the reading. QFT or T-Spot blood test or a chest x-ray reports must have your name and date of birth. We cannot accept chest x-ray images. Below are examples of TB formats we cannot accept.

What is wrong with this reading?
USF does not accept results with the words (or symbols), ‘less than’ or ‘greater than,’ written in the results.
**What is wrong with this reading?**
The reading is missing the student’s date of birth. Also, the symbol, ‘x,’ is not accepted by USF in the results.

**What is wrong with this reading?**
This reading is missing the student’s date of birth. The form is also not officially translated, and positive readings require additional testing.

**What is wrong with this reading?**
USF does not accept the symbol, ‘x,’ in results.
Medical History & Immunization Form

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

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Titer Date &amp; Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. MMR</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>DO NO WRITE HERE</strong></td>
</tr>
<tr>
<td>Two doses on or after first birthday</td>
<td></td>
<td></td>
<td></td>
<td>Attach Quantitative Lab Report</td>
</tr>
<tr>
<td>OR IgG titer within last 5 years</td>
<td></td>
<td></td>
<td></td>
<td>Done within 5 (five) years</td>
</tr>
<tr>
<td><strong>2. Hepatitis B</strong></td>
<td></td>
<td></td>
<td></td>
<td>Attach Quantitative Lab Report</td>
</tr>
<tr>
<td>Three doses OR check the decline box</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Meningitis</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>DO NOT WRITE HERE</strong></td>
</tr>
<tr>
<td>A, C, Y, W-135</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One dose after 16th birthday</td>
<td></td>
<td></td>
<td></td>
<td>I have read the information about Menactra/Meningococcal Meningitis and decline receipt of this vaccine</td>
</tr>
<tr>
<td>OR check the decline box</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I have read the information about Hepatitis B and decline receipt of this vaccine

☐ I have read the information about Menactra/Meningococcal Meningitis and decline receipt of this vaccine

### 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 (including country code) ____________________________
Address (Including country, if located outside of U.S.) ____________________________

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

Page 1 of 2

Updated 09/18/2020
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) 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@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

☐ 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

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 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/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” as a single digit number 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.