



Medical History & Immunization Form

First Name:	Last Name:
Date of Birth	USF ID Number:
USF Email:	
Phone Number:	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	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			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	<input type="checkbox"/> I have read the information about Hepatitis B and decline receipt of this vaccine			
3. Meningitis A, C, Y, W-135: One 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: Required for students using an address outside the US at the time of application regardless of age done within six months prior to the first semester you physically attend classes.				
TB Skin Test by PPD Mantoux: Must be read 2-3 days after injection and recorded millimeters must be ≤ 9mm	Date Placed:	Date Read:	MM: Do not use symbols or decimal	Circle Result: POSITIVE or NEGATIVE
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 a 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 (use country code)	
Address (Including country if 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 give consent for medically necessary treatment, psychological care, psychiatric care including diagnostic procedures, blood testing, imaging and emergency medical treatment by health care providers affiliated with the University of South Florida (USF) Student Health & Wellness, USF Counseling Center, and USF Health. This also includes the USF Bulls Country Pharmacy for any pharmaceuticals prescribed as part of the student's medical 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 consent.			
Print name of Parent/Guardian	Signature of Parent/Guardian	Relationship	Date

IMPORTANT! Keep a copy of this page **AND** all lab reports for your records.

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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 (i.e., 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.
- 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?

Student Compliance
Student Health & Wellness Center
4202 East Fowler Avenue, SWC310
Tampa, FL 33620-6750
Phone: (813) 974-2331, option 4 or Fax: (813) 974-5888

[Contact us](#)

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. The 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 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(MeningococcalMeningitisVaccine) – The Advisory Committee Immunization Practices (ACIP) recommends this vaccine for students living in campus residence halls. The CDC also recommends this vaccine series. Students enrolled in academic health programs are required to have this vaccine. Students declining this vaccine must read about Meningitis to understand the possible risk of not receiving this vaccine at <https://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 first 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 the 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

Section C: Medical consent- signature of parent/legal guardian required for students under the age of 18.

Revised: 07/30/2024