

Mandatory Immunization History Form



Name: _____
 Birthdate: _____ USF ID #: _____
 Email: _____
 Phone #: _____

This SIGNED and COMPLETED form is required prior to orientation/course registration (instructions and page 2).

Section A: Required Immunizations ***Note: All TITERS (blood tests) Must Have Lab Report Attached***

Required for all students born after 12/31/1956	Immunizations			TITERS
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
1. MMR (two doses 1 year after birthdate)				**Attach Lab Report**
2. Hepatitis B (3 doses) or check the decline box				**Attach Lab Report**
<input type="checkbox"/> I have read the information about Hepatitis B and <u>decline</u> receipt of this vaccine				
3. Meningitis/MCV4/Menactra (one dose after 16th birthday) or check the decline box. <i>Required if living on campus</i>		Booster needed if 1st dose given before the age of 16		
<input type="checkbox"/> I have read the information about Menactra/Meningococcal Meningitis and <u>decline</u> receipt of this vaccine and will NOT be living on a USF campus.				
4. Signature Of Student _____ Date _____ And Signature of Parent /Gurdian (if student is under 18) _____ Relationship _____ Date _____				

5. Tuberculosis Screening: <i>Required for all international and U.S. Born students with a Non- U.S. Permanent address</i> (within the last 6 months prior to semester)					
TB Skin Test by PPD (Mantoux) (mus be read 2-3 days after injection)	Date Placed	Date Read	MM	Neg	Pos
or Blood Test (QFT or Tspot)	Date	Result	Submit Copy of Lab Report		
or Chest X-ray (if positive PPD or Lab)	Date	Result	Submit Physician Signed Chest X-ray Report		

Section B: If vaccination record is not attached, an official stamp with address 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

Physican 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 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/pubs/vis/). Please provide 3 Hep B vaccination dates, a positive TITER lab report, or check the declination box on the form.

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 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.

****An official translation (is required) for any forms not in the English language**

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.