

TRAVEL CLINIC

Immunization Price List

Effective 1/2/2018 (prices subject to change)

IMMUNIZATIONS				
REQUIRED	RECOMMENDED	TYPE	COST PER INJECTION	# OF INJECTIONS
<input type="checkbox"/>	<input type="checkbox"/>	INFLUENZA (FLUZONE) (Seasonal/H1N1 Combo:'17-'18)	Student: \$0 Employee: \$25	1
<input type="checkbox"/>	<input type="checkbox"/>	HEP A (HAVRIX®)	\$41	2
<input type="checkbox"/>	<input type="checkbox"/>	HEP B (ENGERIX®-B)	\$49	3
<input type="checkbox"/>	<input type="checkbox"/>	HEP A & B (TWINRIX®)	\$82	3
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	HPV (GARDASIL 9®)	\$220	3
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	MMR	\$81	2
<input type="checkbox"/>	<input type="checkbox"/>	MENACTRA (Meningitis-MCV4 A,C,Y,W-135)	\$126	1
<input type="checkbox"/>	<input type="checkbox"/>	POLIO (IPV)	\$35	1
<input type="checkbox"/>	<input type="checkbox"/>	TB (PPD)	\$8	1
<input type="checkbox"/>	<input type="checkbox"/>	Tdap (Tetanus/Diphtheria/Acellular Pertussis)	\$40	1
<input type="checkbox"/>	<input type="checkbox"/>	Td (Tetanus/Diphtheria)	\$37	1
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	TYPHOID ORAL	SCRIPT FROM PROVIDER	
<input type="checkbox"/>	<input type="checkbox"/>	TYPHOID Injectable (Special order)	\$144	1
<input type="checkbox"/>	<input type="checkbox"/>	VARICELLA (VARIVAX)	\$139	2
<input type="checkbox"/>	<input type="checkbox"/>	YELLOW FEVER	\$612	1
<input type="checkbox"/>	<input type="checkbox"/>	ANTI-MALARIAL SCRIPT	SCRIPT FROM PROVIDER	

Student Health Services

813-974-2331

www.shs.usf.edu

 **STUDENT AFFAIRS**
UNIVERSITY OF SOUTH FLORIDA