Mandatory Immunization Health History Form

Section A: Required Immunizations

***NOTE: ALL TITERS (blood tests) MUST HAVE LAB REPORT ATTACHED***

<table>
<thead>
<tr>
<th>Immunizations</th>
<th><strong>Titers</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Day/Year</td>
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</tr>
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</tr>
</tbody>
</table>

1. MMR (two doses after 1st birthday)

2. Hepatitis B

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

3. Meningitis/Menactra/MCV4 (one dose after 16th birthday)

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

and will NOT be living on a USF campus.

4. ___________________________  ___________  ___________________________  ___________
   Signature of student  Date  AND  Signature of parent/guardian if student under 18  Relationship  Date

5. Tuberculosis Screening: Required for all students residing at an address outside the U.S. at the time of application

| TB Skin Test by PPD (Mantoux) (must be read 2-3 days after injection) | Date Placed | Date Read | MM | Neg | Pos |
| OR Blood Test (QFT or Tspot) | Date | Result |
| Chest X-ray (if positive PPD or lab) | Date | Result |

Submit copy of lab report

Submit copy of chest X-ray report

Section B (OPTIONAL): Recommended Immunizations for Good Health

<table>
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Td (Tetanus/Diphtheria)

AND/OR Tdap (Tetanus/Diphtheria/Pertussis)

Varicella (Chicken Pox)

Hepatitis A

HPV (Gardasil)

Polio (last date)

Other:

An official stamp 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  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 (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.).
- Have a doctor’s office, clinic or health department fill out the medical areas of the form. An “official stamp” AND an official signature from one of these entities must be included for this document to be complete and approved.
- 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 lab reports as needed) at least three (3) weeks prior to orientation/course registration.

### 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 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/pubs/vis/](http://www.cdc.gov/vaccines/pubs/vis/)).

**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/](http://www.cdc.gov/vaccines/pubs/vis/)). Most recent dose must have been received after 16th birthday.

**Tuberculosis Screening:** *Required for all 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 (within the last six months) or Blood Test (QFT or Tspot) is required.

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 copy of the chest X-ray report.

### Section B (OPTIONAL): Information about Recommended Immunizations for Good Health

**Td (Tetanus)/ Diphtheria or and Tdap (Tetanus/Diphtheria/Pertussis)** – Booster shot within last 10 years. Space is provided to record this information.

**Varicella (Chicken pox)** – History of disease or vaccine is acceptable. Indicate the date you had chicken pox. OR: Provide proof of two doses of Varivax. OR: Provide results of a blood test on a laboratory form.

**Hepatitis A, HPV, Polio, Typhoid, Yellow Fever, Other** – In the boxes provided in this section you may also list any additional vaccines that were administered. These are not required.