



Immunization Policy

Required Immunizations	Population	Exclusion(s)
A proof of 2 MMR (Measles, Mumps, & Rubella) vaccines	All (domestic) undergraduate students. All international students Graduate students living in University operated housing	- Students born before January 1, 1957 - Online students
A proof of 3 Hepatitis B vaccines Or a Hepatitis B test showing immunity	Domestic students 18 years of age or younger All international students	- Online students
A proof of recent Tuberculosis test A proof of chest x-ray for a positive TB test (Given with the past 12 months)	All international students U.S. Citizens living abroad and permanent Residents	- Online students - Students living in certain countries may be exempt from the TB test requirement.
Recommended Immunizations	Population	
Meningitis Vaccine	Freshman residing in the Residence Halls	
Hepatitis A vaccines	Everyone Especially anyone traveling to countries with high rates of hepatitis A	
Tdap (Tetanus-Diphtheria-Pertussis)	Everyone, once every ten years	
Varicella (Chicken Pox)	All adults without evidence of immunity	

Note: If proof of immunizations for measles, mumps, and/or rubella is not available, a blood titer showing immunity will be accepted.

Exception for MMR immunization: Permitted when immunization conflicts with personal religious beliefs or documentation by a physician that immunization should not be given due to medical condition.

Nursing Students

Nursing students are expected to submit their immunization records to the School of Nursing and Health Professions, **not** Health Promotion Services. For nursing students' immunization detailed requirements, please go to www.usfca.edu/nursing/healthrequirements.

How to submit proof

Student must complete Part I of the immunization form (see reverse), and then provide proof in one of the following ways:

1. Attach records. Examples: Immunization yellow card, high school immunization records, or copy of medical records.
Or
2. Have your health care provider fill out Part II of the immunization form, including signature and license number.

Please email, fax or mail the Immunization Form/immunization records to:

USF Health Promotion Services email: hps@usfca.edu
University Center, Fifth Floor fax: (888) 471-2290
2130 Fulton Street phone: (415) 422-5797
San Francisco, CA 94117

All students are strongly encouraged to get their immunizations before coming to campus.
We accept copies; do not submit originals.

For more information, please contact the Health Promotion Services at hps@usfca.edu or 415.422.5797.

Deadline The deadline to submit proof of required immunizations depends on your term of admission:
September 1st for fall or summer admission **February 1st** for spring admission

Failure to submit the immunization records by the deadlines will result in a \$100 dollar late fee and a registration hold.



Immunization Form

PART I: To be completed by the student (please print).

A. Student Information

Last: _____ First: _____ **USF ID Number:** _____

Date of Birth: _____ Email: _____ Phone _____

Residency: Domestic International U.S. citizen living abroad

Meningitis Vaccine: NOT required but strongly recommended for freshmen living in University Housing.

I intend to get the meningococcal vaccine or I HAVE GOTTEN the meningococcal vaccine. DATE: _____

I decline to get the meningococcal vaccine. I acknowledge receipt of USF information about meningitis.

PART II: To be completed by your healthcare provider. If immunization records attached, Part II is not necessary. (Records must be in English)

A. Measles, Mumps, and Rubella (MMR): Required of all domestic undergraduate students, graduate students living in University housing (born after 1/1/1957), and all international students.

MMR vaccine Dose # 1 (M/D/Y): _____ Dose # 2 (M/D/Y): _____

If proof of immunization for MMR is NOT available, a blood titer showing immunity will be accepted.

Date of Measles titer (Month/Day/Year): _____ Result: Immune Not immune

Date of Rubella titer (Month/Day/Year): _____ Result: Immune Not immune

Date of Mumps titer (Month/Day/Year): _____ Result: Immune Not immune

B. Tuberculosis: Required ONLY of international students.

Option 1: QuantiFERON blood test (M/D/Y): _____ Result: Negative Positive **OR**

Option 2: PPD test (M/D/Y): _____ Date read (M/D/Y): _____ Result (mm): _____ Negative Positive

If QuantiFERON or PPD test is positive, a proof of a chest x-ray administered within the last 12 months is required.

Chest X-ray date (M/D/Y): _____ Chest X-ray results: Normal Abnormal

C. Hepatitis B: required of all domestic students 18 years of age or younger, and all international students.

Option 1: Hep B Dose # 1 (M/D/Y): _____ Dose # 2 (M/D/Y): _____ Dose # 3 (M/D/Y): _____ **OR**

Option 2: Hepatitis B test (M/D/Y): _____ Reactive Non reactive

Healthcare Provider Information (Please print):

Name: _____ Certification: MD / NP / PA / RN

Telephone: _____ License Number _____ Signature: _____

Please mail, fax, or email the completed form/records to:

We accept copies - do NOT submit your original immunization records.

USF Health Promotion Services

Phone (415) 422-5797

University Center, Fifth Floor

Fax (888) 471-2290

2130 Fulton Street

Email hps@usfca.edu

San Francisco, CA 94117

HPS Office Only: Complete Missing (check):

MMR1 MMR2 TB test Chest x-ray

Hep B1 Hep B2 HepB3

Processed by: _____ Date: _____

Reviewed by: _____ Email: Yes No

Deadlines: September 1st for fall or summer admission **February 1st** for spring admission

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