

**SECTION I - MEDICAL HISTORY FORM - IMMUNIZATION COMPLIANCE**

<http://www.shs.usf.edu/>

<hr/> LAST/FAMILY NAME	<hr/> FIRST/GIVEN NAME	<hr/> MI	<hr/> U#
<hr/> STREET ADDRESS		<hr/> PHONE NUMBER	
<hr/> CITY, STATE, ZIP, COUNTRY		<hr/> EMAIL ADDRESS	
DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / ____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
ENTERING SEMESTER <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		<input type="checkbox"/> Indeterminate	
COUNTRY OF ORIGIN <input type="checkbox"/> USA		<input type="checkbox"/> Other country, specify: ____	

**SIGNATURE REQUIRED**

Per Florida Rule 6C-6.001, my signature below signifies that the medical history information provided is true and complete to the best of my knowledge. I further acknowledge receipt and understanding of the immunization information provided by USF SHS. <http://www.shs.usf.edu/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

USF SHS provides detailed information concerning risks associated with meningitis and hepatitis B and the availability, effectiveness and known contraindications of these required vaccines. Please [click here](#) for printable CDC vaccine information statements. **DISCLAIMER/NOTICE:** Information collected on this form is for registration purposes only and does not create a medical record and is not reviewed by medical personnel. Should you become a SHS patient, this document may be retrieved to expedite initial medical appointment and may then become part of your medical record.

**SECTION II - IMMUNIZATION HISTORY**

**A, B, and C must be completed (or supporting documentation must be emailed or faxed along with this document). This is a requirement for registration.**

**A. Measles/Mumps/Rubella (Select ONE of the following):**

<input type="checkbox"/> <b>MMR (Measles/Mumps/Rubella) Dates of 2 doses</b>  MMR #1 _____ MMR #2 _____	<input type="checkbox"/> <b>Measles (Rubeola)-Dates of 2 doses OR attach a copy of lab titer (IgG)</b> Measles #1 _____ OR Attach a copy of Lab Titer Measles #2 _____ <input type="checkbox"/> <b>Rubella (German Measles)-Date of dose OR attach a copy of lab titer (IgG)</b> Rubella #1 _____ OR Attach a copy of Lab Titer	<input type="checkbox"/> I was born <b>before</b> 01/01/1957 therefore this vaccination requirement does not apply to me.
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**B. Meningitis Vaccine at age 16 or later (Select ONE of the following):**

Date of vaccination: \_\_\_\_\_

I will not be living on campus and decline receipt of the Meningitis vaccine.

**RESIDENTIAL STUDENTS NOTE:** This is a requirement for all students who will live on the USF campus. No student will be assigned a USF residence hall room until proof of meningitis vaccination is received by USF Student Health Services. <http://www.housing.usf.edu/index.html>

**C. Hepatitis B Vaccine (Select ONE of the following):**

Dates of vaccination: Hep B #1 \_\_\_\_\_ Hep B #2 \_\_\_\_\_ Hep B #3 \_\_\_\_\_

I decline receipt of the Hepatitis B vaccine.

**D. An official stamp** from a doctor's office, clinic, or Health Department **AND** an authorized signature must appear on this form or on the official document(s) attached in order to be accepted:

Name and address of clinic OR Physician (Facility) Stamp	Authorized Signature & Date

**Mail your completed form and any copies of records or lab reports, if applicable, to the campus where you will be attending class.**

<p><b>Tampa Campus</b> 4202 East Fowler Avenue SHS100 Tampa, FL 33620-6750 Phone: (813) 974-4056 Fax: (813) 974-5888 Email: <a href="mailto:immunization@shs.usf.edu">immunization@shs.usf.edu</a></p>	<p><b>Polytechnic Campus</b> 3433 Winter Lake Road - Student Affairs Lakeland, FL 33803 Phone: (863) 667-7000 Fax: (863) 667-7096 Email: <a href="mailto:immunization@poly.usf.edu">immunization@poly.usf.edu</a></p>	<p><b>Sarasota Campus</b> Counseling &amp; Wellness Center - CWC 120 5805 Bay Shore Road Sarasota, FL 34243 Phone: (941) 487-4254 Fax: (941) 487-4256</p>	<p><b>St. Petersburg Campus</b> Records and Registration DSO, International Students 140 Seventh Avenue South, BAY 102 St Petersburg, FL 33701 Phone: (727) 873-4361 Fax: (727) 873-4FAX <a href="mailto:morin@mail.usf.edu">morin@mail.usf.edu</a></p>
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