**Immunization Policy**

<table>
<thead>
<tr>
<th>Required Immunizations</th>
<th>Population</th>
<th>Exclusion(s)</th>
</tr>
</thead>
</table>
| 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**

<table>
<thead>
<tr>
<th>Recommended Immunizations</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis Vaccine</td>
<td>Freshman residing in the Residence Halls</td>
</tr>
</tbody>
</table>
| 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](http://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 submit your immunization records online by visiting [www.usfca.edu/hps/immunization/required](http://www.usfca.edu/hps/immunization/required) (How to submit proof section).

USF Health Promotion Services  
University Center, Fifth Floor  
2130 Fulton Street  
San Francisco, CA 94117

Fax: (888) 471-2290  
Phone: (415) 422-5797

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:  
August 15th for fall or summer admission  
January 15th for spring admission

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

Updated 1/1/2016
Immunization Form

Please submit your records online at www.usfca.edu/hps/immunization/required (How to submit proof section).

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

A. Student Information

Last: ___________________________ First: ___________________________ USF ID Number: _____________

Date of Birth: ___________________________ Phone: ___________________________

Residency: □ Domestic □ International □ U.S. citizen living abroad

Meningitis Vaccine: NOT required but strongly recommended for students residing in campus operated 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

B. Tuberculosis: Required ONLY of 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: ___________________________ License Number: ___________________________ Certification: MD / NP / PA / RN

Telephone: ___________________________ Email: ___________________________

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
San Francisco, CA 94117

Deadlines: August 15th for fall or summer admission, January 15th for spring admission

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

HPS Office Only: □ Complete □ Missing (check):
□ MMR1 □ MMR2 □ TB test □ Chest x-ray □ Hep B1 □ Hep B2 □ Hep B3
Processed by: ___________________________ Date: ___________
Reviewed by ___________________________ Email: □Yes □ No

Updated 1/1/2016