INSTRUCTIONS
Graduate Domestic Students

University: University of San Francisco
Student: 
DOB: 

HOW TO COMPLETE THESE FORM(S):

☐ A licensed healthcare professional MUST complete and sign THESE forms. ALL green sections are required.
☐ PRINT CLEARLY WITH DARK BLACK INK. A computer will be reading your forms. Fill in circles completely.

☐ Do not fold, cut, or mark on the border lines of these forms.
☐ Include the Border Lines in your scanned images.
☐ Review your forms for completeness and accuracy. Double check ALL signatures. MM/DD/YY date formats.
☐ Consult your Healthcare Professional before receiving any of the following immunizations.

Your records are due by: August 15 for Fall Semester and January 15 for Spring Semester

REQUIRED
Required by regulation and /or policy to attend this university.

Documents: Immunization Certificate
Immunizations: MMR (2 doses OR Pos. Titer)

RECOMMENDED
Recommended for your general well being but NOT required.

Immunizations: Meningococcal Hepatitis B (3 doses OR Pos. Quant. Titer)

OPTIONAL
Optional information

Immunizations:

UPLOADING YOUR FORMS:

☐ Review your forms for completeness and accuracy. Double check ALL signatures.
☐ Scan or photograph your documents as JPGs for upload. Be sure to include the border lines and fill the picture frame.
☐ Upload your completed forms to your account at medproctor.com.
☐ You may upload your additional documentation for storage and later retrieval. (blue cards, state records, etc.)
☐ Check your University Email account regularly for messages from MedProctor regarding incomplete information.

You will be notified via email once your information is successfully verified.

BE AWARE:

* Incomplete/Illegible writing and poor images will be rejected.
* Completion of these forms by your due date will help expedite your registration process.

Do not upload this page.

Copyright © 2019 by MedProctor, LLC.
**MMR Titer Date:**

**MMR Titer Result:**

<table>
<thead>
<tr>
<th>MMR Merck, Meso, Rabies</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>[ ]</td>
</tr>
<tr>
<td>2nd</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Meningitis B Vaccine: NOT required but strongly recommended for freshman 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.

**REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)**

- LICENSED CARE PROFESSIONAL SIGNATURE
- PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME
- SIGNATURE DATE

- NON-PARENTAL
- NPI NUMBER
- NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL
- OFFICE PHONE NUMBER

**Office Stamp**