



# 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	RECOMMENDED	OPTIONAL
Required by regulation and /or policy to attend this university.	Recommended for your general well being but NOT required.	Optional information
<p><b>Documents:</b> Immunization Certificate</p> <p><b>Immunizations:</b> MMR (2 doses OR Pos. Titer)</p>	<p><b>Immunizations:</b> Meningococcal Hepatitis B (3 doses OR Pos. Quant. Titer)</p>	<p><b>Immunizations:</b></p>

### ✓ 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.**

# IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.  
This form will be read by a computer.  
Upload to medproctor.com

University: **University of San Francisco -Graduate Domestic Student**

Green = Required

Student: \_\_\_\_\_

Blue = Recommended

DOB: \_\_\_\_\_

Black = Optional

**MMR** Measles, Mumps, Rubella **Required**

1st	MM	DD	YY
2nd	MM	DD	YY

OR

MMR Titer Date: \_\_\_\_\_

MMR Titer Result: \_\_\_\_\_

**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 <small>not required for U.S. service members or international students</small>	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER

OFFICE STAMP

