UNIVERSITY OF SAN FRANCISCO | Office of the Dean of Students

Health Promotion Services

INSTRUCTIONS

International Student

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
Documents: Immunization Certificate **Immunizations:** Hepatitis B (3 doses OR Pos. Quant. Titer) Tb Test Results (must be within 12 months of the start of the semester) MMR (2 doses OR Pos. Titer)	**Immunizations:** Meningococcal	**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.

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Health Promotion Services

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 -International Student**

Student: DOB:

Green = Required
Blue = Recommended
Black = Optional

MMR Measles, Mumps, Rubella	Required
1st	
2nd	

HEPATITIS B	Required
1st	
2nd	
3rd	

OR

MMR Titer Date:

MMR Titer Result:

Hep B Titer Date:

Hep B Titer Results:

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 NON-PARENTAL	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME	SIGNATURE DATE
NPI NUMBER *not required for U.S. service members or international students*	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER

REQUIRED - Tuberculosis Skin or Blood Test Results

Tb Skin PPD

Placed:

Read:

actual induration in MM only

mm and range REQUIRED (fill bubble)

- ○ 0 mm
- ○ 0 to < 5 mm
- ○ 5 to < 10 mm
- ○ 10 to < 15 mm
- ○ 15 mm or larger

OR

Tb Blood T-Spot QuantiFERON Test

Results
- ○ Positive
- ○ Negative

REQUIRED - Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME	SIGNATURE DATE
NPI NUMBER *not required for U.S. service members or international students*	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER

OFFICE STAMP