



INSTRUCTIONS

Undergraduate Domestic

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); for all students 18 years of age or younger 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.

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 -Undergraduate Domestic**
Student: _____ DOB: _____

Green = Required
Blue = Recommended
Black = Optional

| MMR <small>Measles, Mumps, Rubella</small> Required | HEPATITIS B Required |
|---|---|
| 1st <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1st <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2nd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2nd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 3rd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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 | 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

