University of San Francisco

Student:

**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

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**REQUIRED**

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

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)

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**RECOMMENDED**

Recommended for your general well being but **NOT required**.

**Immunizations:**
- Meningococcal

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**OPTIONAL**

Optional information

**Immunizations:**

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**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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MMR (Measles, Mumps, Rubella) Required
1st: MM DD YY
2nd: MM DD YY

HEPATITIS B Required
1st: MM DD YY
2nd: MM DD YY
3rd: MM DD YY

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 - not required for U.S. citizens, 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: MM DD YY
Read: MM DD YY
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 Test

T-Spot Quantiferon

Results

Positive

Negative

REQUIRED - Tuberculosis Test Results 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 - not required for U.S. citizens, members or international students

NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL

OFFICE PHONE NUMBER

OFFICE STAMP