University: University of San Francisco

### 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.
- **NO** other forms of documentation will be accepted. (Blue Cards, Yellow Cards, State Immunization Records, etc. are NOT accepted)
- 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: First day of class**

### 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.
Meningitis B Vaccine: NOT required but strongly recommended for persons 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