# Immunization Policy

## Required Immunizations

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<tr>
<th>Required Immunizations</th>
<th>Population</th>
<th>Exclusion(s)</th>
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| A proof of 2 MMR (Measles, Mumps, & Rubella) vaccines | All **domestic** undergraduate students. All **international** students Graduate students living in University operated housing | - Students born before January 1, 1957  
- Online students |
| A proof of 3 Hepatitis B vaccines Or a Hepatitis B test showing immunity | Domestic students **18 years** of age or younger  
All international students | - Online students |
| A proof of recent Tuberculosis test  
A proof of chest x-ray for a positive TB test (Given with the past 12 months) | All **international** students  
U.S. Citizens living abroad and permanent Residents | - Online students  
- Students living in certain countries may be exempt from the TB test requirement. |

## Recommended Immunizations

<table>
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<tr>
<th>Recommended Immunizations</th>
<th>Population</th>
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<tbody>
<tr>
<td>Meningitis Vaccine</td>
<td>Freshman residing in the Residence Halls</td>
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</table>
| Hepatitis A vaccines | Everyone  
Especially anyone traveling to countries with high rates of hepatitis A |
| Tdap (Tetanus-Diphtheria-Pertussis) | Everyone, once every ten years |
| Varicella (Chicken Pox) | All adults without evidence of immunity |

**Note:** If proof of immunizations for measles, mumps, and/or rubella is not available, a blood titer showing immunity will be accepted.

**Exception for MMR immunization:** Permitted when immunization conflicts with personal religious beliefs or documentation by a physician that immunization should not be given due to medical condition.

**Nursing Students**

Nursing students are expected to submit their immunization records to the School of Nursing and Health Professions, not Health Promotion Services. For nursing students’ immunization detailed requirements, please go to [www.usfca.edu/nursing/healthrequirements](http://www.usfca.edu/nursing/healthrequirements).

**How to submit proof**

Student must complete Part I of the immunization form (see reverse), and then provide proof in one of the following ways:

1. Attach records. Examples: Immunization yellow card, high school immunization records, or copy of medical records.  
   Or
2. Have your health care provider fill out Part II of the immunization form, including signature and license number.

*Please submit your records online at [www.usfca.edu/hps/immunization/required](http://www.usfca.edu/hps/immunization/required) (see "how to submit proof section" at the bottom of the page).*

All students are strongly encouraged to get their immunizations before coming to campus.  
We accept copies; do not submit originals.

For more information, please contact the Health Promotion Services at [hps@usfca.edu](mailto:hps@usfca.edu) or 415.422.5797.

**Deadline** The deadline to submit proof of required immunizations depends on your term of admission:  
August **15th** for fall or summer admission  
January **15th** for spring admission

Failure to submit the immunization records by the deadlines will result in a $100 dollar late fee and a registration hold.
**Immunization Form**

*Please submit your records online at [www.usfca.edu/hps/immunization/required](http://www.usfca.edu/hps/immunization/required) (see "how to submit proof section" at the bottom of the page).*

**PART I: To be completed by the student (please print).**

A. **Student Information**

Last: ___________________________ First: ___________________________ USF ID Number: __________

Date of Birth: ___________________________ Email: ___________________________ Phone ___________________________

Residency: ☐ Domestic ☐ International ☐ U.S. citizen living abroad

**Meningitis Vaccine:** NOT required but strongly recommended for freshmen 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.

**PART II: To be completed by your healthcare provider. If immunization records attached, Part II is not necessary. (Records must be in English)**

A. **Measles, Mumps, and Rubella (MMR):** Required of all domestic undergraduate students, graduate students living in University housing (born after 1/1/1957), and all international students.

  MMR vaccine Dose # 1 (M/D/Y): _______________ Dose # 2 (M/D/Y): _______________

  If proof of immunization for MMR is NOT available, a blood titer showing immunity will be accepted. Date of

  Measles titer (Month/Day/Year): _______________ Result: ☐ Immune ☐ Not immune

  Date of Rubella titer (Month/Day/Year): _______________ Result: ☐ Immune ☐ Not immune

  Date of Mumps titer (Month/Day/Year): _______________ Result: ☐ Immune ☐ Not immune

B. **Tuberculosis:** Required ONLY of international students.

  *Option 1:* QuantiFERON blood test (M/D/Y): ___________ Result: ☐ Negative ☐ Positive OR

  *Option 2:* PPD test (M/D/Y): _______ Date read (M/D/Y): _______ Result (mm): _____ ☐ Negative ☐ Positive

  If QuantiFERON or PPD test is positive, a proof of a chest x-ray administered within the last 12 months is required.

  Chest X-ray date (M/D/Y):_____________________ Chest X-ray results: ☐ Normal ☐ Abnormal

C. **Hepatitis B:** required of all domestic students 18 years of age or younger, and all international students.

  *Option 1:* Hep B Dose # 1 (M/D/Y): _______ Dose # 2 (M/D/Y): _______ Dose # 3 (M/D/Y): _______ OR

  *Option 2:* Hepatitis B test (M/D/Y): _______________ ☐ Reactive ☐ Non reactive

**Healthcare Provider Information** (Please print):

Name: ___________________________ License Number ___________________________ Certification: MD / NP / PA / RN

Telephone: ___________________________ Signatures: ___________________________

**Deadlines:**

- September 1st for fall or summer admission
- February 1st for spring admission

Failure to submit the immunization records by the deadlines will result in a $100 dollar late fee and a registration hold.

**Updated 32014**