# Immunization Policy

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

### 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.

3. Immunization records can be submitted by fax 888-471-2290, in person (University Center 5th floor), or online through the HPS website [www.usfca.edu/hps/immunization/required](http://www.usfca.edu/hps/immunization/required) (under the “How to Submit Proof” section-Electronic Submission).

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 or 415.422.5797.

### Deadline
The deadline to submit proof of required immunizations depends on your term of admission:

- **September 1<sup>st</sup>** for fall or summer admission
- **February 1<sup>st</sup>** for spring admission

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Immunization Form

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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: ________________________________________________________________ Certification: MD / NP / PA / RN

Telephone: ___________________________ License Number ___________________________ Signature: ___________________________

We accept copies - do NOT submit your original immunization records.

HPS Office Only: ☐ Complete ☐ Missing (check):
☐ MMR1 ☐ MMR2 ☐ TB test ☐ Chest x-ray
☐ Hep B1 ☐ Hep B2 ☐ HepB3

Processed by: ____________ Date: ____________

Reviewed by: ___________________________

Email: ☐ Yes ☐ No

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.