

# IMMUNIZATION

## UNIVERSITY OF SAN FRANCISCO IMMUNIZATION POLICY

The University of San Francisco requires evidence of immunization for students in the following categories:

- All International students
- Domestic undergraduate students born on or after January 1, 1957 (excluding the College of Professional Studies and Regional Campuses)
- Domestic graduate students born on or after January 1, 1957 living on campus

## IMMUNIZATION REQUIREMENTS:

### Two sets of MMR:

1. Rubella (German Measles)
2. Rubeola (Measles)
3. Mumps

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

### Exceptions

Permitted when conflicts with personal religious belief or documentation by a physician that immunization should not be given due to medical condition.

### Tuberculosis

International students are also required to show proof of Tuberculosis PPD (Mantoux) test administered in the last 12 months. Students with positive PPD are also required to submit a chest x-ray administered within the last 12 months.

### U.S. Citizens Living Abroad and Permanent Residents

U.S. citizens and U.S. permanent residents who live or attend school outside the United States are also required to show proof of a Tuberculosis PPD (Mantoux) test administered within the last 12 months. Students with positive PPD are also required to submit evidence of a chest x-ray administered within the last 12 months. *Please note that students living in certain countries may be exempt from this test. Please contact the USF Student Health Clinic at 415-750-4980 for more information.*

### Evidence of Immunization

Evidence of immunization must be submitted in writing from a licensed medical professional. The immunization form, on the reverse of this page, must be completed and then mailed or faxed with the evidence of the required immunizations to the USF Student Health clinic prior to registration for classes. **Failure to comply with the immunization requirement will result in a registration hold.**

### Please Fax or Mail the Immunization Form on Reverse to:

**USF Student Health Clinic, St. Mary's Medical Center  
450 Stanyan Street, 2nd Floor West  
San Francisco, CA 94117  
FAX 415-750-8155 PHONE 415-750-4980**

The USF Clinic is able to provide all required immunizations and tests to those students needing them. For more information about the immunization requirement, please contact the USF Student Health Clinic at 415-750-4980.

**Recommended Immunizations** All students are strongly encouraged to consider vaccination for the following diseases:

1. Meningococcal Disease (Meningitis) - Strongly recommended for freshman residing in the Residence Halls
2. Hepatitis A & B
3. Tetanus-Diphtheria (TD)
4. Varicella (Chicken Pox) - All adults without evidence of immunity

**Immunization is required prior to registration. Registration holds will be placed if immunization requirements are incomplete.**

# USF IMMUNIZATION FORM

**CHOOSE ONE (mandatory):**

- ☐ Domestic Student  
☐ International Student

**STUDENT INFORMATION:** Must be completed by the student (Please print)

First Name	Last Name	Date of Birth (Month/Day/Year)		
Address	City	State	Zip	Country
USF Student ID	Email	Telephone		
Live on Campus: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Undergrad <input type="checkbox"/> Grad	Date of Enrollment (Month/Day/Year)	

**REQUIRED IMMUNIZATIONS:** To be completed and signed by a health care provider. (Records MUST be in English)

**A. MEASLES, MUMPS, AND RUBELLA (MMR):** (Required of all students excluding the College of Professional Studies, Regional Campuses, and off campus domestic graduate students.) If student was born on or after January 1, 1957, 2 doses of MMR vaccine are required, either as 2 doses of MMR or a combination of single vaccines.

MMR vaccine **Dose # 1** (Month/Day/Year): \_\_\_\_\_ **Dose # 2** (Month/Day/Year): \_\_\_\_\_

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

**Date of Measles titer** (Month/Day/Year): \_\_\_\_\_ **Immune:** ☐ Yes ☐ No (Lab result must be attached)

**Date of Rubella titer** (Month/Day/Year): \_\_\_\_\_ **Immune:** ☐ Yes ☐ No (Lab result must be attached)

**Date of Mumps titer** (Month/Day/Year): \_\_\_\_\_ **Immune:** ☐ Yes ☐ No (Lab result must be attached)

**B. TUBERCULOSIS:** (This requirement applies to international students, U.S. citizens living abroad, and permanent residents) These students must provide evidence of a PPD (Mantoux) test administered within the past 12 months. **Students with a positive PPD test are required to document results of a chest X-ray, also within the last 12 months.**

**Date of PPD test** (Month/Day/Year): \_\_\_\_\_ **Date read** (Month/Day/Year): \_\_\_\_\_

**Result (mm):** \_\_\_\_\_ **Negative:** ☐ Yes ☐ No

**If positive PPD, Chest X-ray date** (Month/Day/Year): \_\_\_\_\_ **Chest X-ray results:** \_\_\_\_\_

**HEALTH CARE PROVIDER INFORMATION** (Please print)

I certify that the information herein is complete and accurate to the best of my knowledge.

Office Stamp

Name	Certification by MD/NP/PA/RN			
Address	City	State	Zip	Country
Provider Signature	Telephone	Date		

**MENINGOCOCCAL VACCINE:** (Strongly recommended for all freshman students residing in the University Housing)

☐ I INTEND to get the meningococcal vaccine.

☐ I DECLINE to get the meningococcal vaccine. I acknowledge receipt and review of USF supplied information about this disease.

**STUDENT AND/OR GUARDIAN SIGNATURE:** (Required by parent/guardian if the student is younger than 18 years old) I am aware that USF maintains a website ([www.usfca.edu/hps](http://www.usfca.edu/hps)) with detailed information about the benefits and risks of the required and recommended immunizations. I have read and understand the USF immunization requirements and recommendations.

Student Signature	Date	Parent/Guardian Signature	Date
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**EVIDENCE OF IMMUNITY IS REQUIRED PRIOR TO REGISTRATION:** Registration holds will be placed if immunization form/records are incomplete. All students are strongly encouraged to keep a copy of their immunizations records for future reference. Please mail or fax this completed and signed form to:

**USF Student Health Clinic, St. Mary's Medical Center,** 450 Stanyan St., 2nd Floor West, San Francisco, CA 94117.  
**Fax** 415-750-8155 **Phone** 415-750-4980