

**ATTENTION ALL STUDENTS**  
**THE RETURN OF THE INFORMATION ON THE REVERSE SIDE IS**  
**MANDATORY FOR REGISTRATION!**

**UNIVERSITY OF SOUTH FLORIDA**  
**Immunization Policy**

As a prerequisite to matriculation or registration, the State University System of Florida requires all students born after 1956 to present documented proof of immunity to **MEASLES** (Rubeola) and **RUBELLA** (German Measles). Acceptable proof of immunity is as follows:

**MEASLES:** Students can be considered immune to measles (rubeola) only if they have documentation of at least one of the following:

1. Medical documentation of immunization with **TWO (2) DOSES** of live measles virus vaccine on or after the first birthday (and administered no less than 28 days apart). Persons vaccinated with killed, or an unknown vaccine, prior to 1968 must be revaccinated. Persons born before 1957 may be considered to have had a natural infection, and therefore do not need measles vaccine (Immunization Form on reverse can be completed by physician or documentation attached) **OR**,
2. Copy of laboratory (serologic) evidence of measles immunity (IgG rubeola titer) **OR**,
3. A written, dated statement signed by a physician on his/her stationery that specifies the date seen and stating that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever of 101° Fahrenheit or greater, a cough, and conjunctivitis, and, in the physician's opinion, is diagnosed to have had the 10 day measles (rubeola).

**RUBELLA:** Students can be considered immune to rubella only if they have documentation as follows:

1. Medical documentation of immunization with live rubella virus vaccine on, or after, the first birthday (Immunization Form on reverse can be completed by physician or documentation attached) **OR**,
2. Copy of laboratory (serologic) evidence of rubella immunity (IgG rubella titer).

**ADDITIONAL INFORMATION:**

- If a student has no documentation of any doses of measles vaccine, vaccine should be given at the time of entry and the second dose no less than twenty-eight (28) days later. It is recommended that both doses of measles vaccine be given as a combined measles-mumps-rubella (MMR) vaccine.
- The documented date of immunization for both measles and rubella should indicate the day, month, and year. However, only month and year will suffice if the month and year indicate that the immunization was given at least 13 months after the month of birth.
- Temporary medical exemptions - must be submitted by the attending physician and must include reason for exemption and duration of exemption.
- Religious exemptions - contact USF Student Health Services, 974-4056, for an application.
- Off-campus term and transient student exemptions - contact the Office of the Registrar, 974-2000.
- Immunizations and blood tests are available at USF Student Health Services, Tampa campus. Call 974-4056 for information. Contact Lakeland or St. Petersburg campuses for information on Immunization Clinics.

**PLEASE NOTE: ALL FEMALES SHOULD BE AWARE THAT THEY SHOULD NOT BE VACCINATED**  
**IF THERE IS ANY POSSIBILITY OF PREGNANCY**

Student Health Services (SHS)  
University of South Florida  
4202 East Fowler Avenue, SHS 100  
Tampa, FL 33620-6750  
(813) 974-4056 - Immunization Department  
FAX (813) 974-5888

**MEDICAL HISTORY**

**MANDATORY FOR ALL STUDENTS REGARDLESS OF AGE**

Student ID#:

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

For which term are you applying?  
(circle a term and fill in the year) \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Year \_\_\_\_\_

Florida Administrative Code Rule 6C-6.001(5) requires each student, prior to registration, to submit a medical history form, provided by the institution and **SIGNED BY THE STUDENT.**

Please complete the following:

**Do you have any health problems or concerns of which USF Student Health Services should be aware?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If you wish to receive care for the above problems or concerns at USF Student Health Services, it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary. A complete health history will be obtained at the time of your first visit.

**YOUR SIGNATURE IS MANDATORY!  
YOU WILL BE UNABLE TO REGISTER IF YOU FAIL TO COMPLETE, SIGN AND RETURN THIS FORM TO USF STUDENT HEALTH SERVICES.**

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Consent (for minors): I grant permission for emergency medical treatment including immunizations and hospitalization to be rendered to my minor child.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

**IMMUNIZATION FORM**

**REQUIRED IMMUNIZATIONS PRIOR TO REGISTRATION.**

As a prerequisite to matriculation or registration, the State University System of Florida requires all students born after 1956 to present documented proof of immunity to **MEASLES (Rubeola) and RUBELLA (German Measles)**. See reverse side for complete immunization policy.

Proof includes this form properly completed, stamped, and signed by your physician, OR, health department records, doctor's records, or school records attached to this form. Return to Student Health Services, University of South Florida, 4202 E. Fowler Ave., SHS 100, Tampa, FL 33620-6750 (FAX #813-974-5888).

**ANY DOCUMENTATION LISTED BELOW MUST BE SIGNED BY A PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER AND ACCOMPANIED BY AN OFFICE STAMP.**

**INCOMPLETE FORMS WILL NOT BE ACCEPTED!**

**Rubeola**  
(Measles)

First Vaccination		
Month	Day	Year

Second Vaccination		
Month	Day	Year

**Rubella**  
(German Measles)

Month	Day	Year

**MMR (Measles-Mumps-Rubella)** may be given instead of individual immunizations.

First MMR		
Month	Day	Year

Second MMR		
Month	Day	Year

Physician/Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Office Address Stamp \_\_\_\_\_

**Positive titers** (IgG blood tests) may also be submitted as proof of immunity in lieu of vaccinations. Copies of lab results must accompany this form.

Rubeola Titer (Measles)		
Month	Day	Year

Rubella Titer (German Measles)		
Month	Day	Year

For office use only:

All documents submitted become the property of USF and will not be returned to the sender or forwarded to another institution.