Medical History & Immunization Form

First Name:	Last Name:
Dateof Birth:	

Medical History & Immunization Form

DO NOT WAITLate, incomplete, or inaccurate information will prevent course registration.

Submit official documents at least three (3) weeks prior to orientation/course registration.

Basic Instructions:

Include the student's university on all correspondence. Print all student information legibly. (name, phone, etc). An official English ranslation is required for any fficial documents not in the English language

Upload documents through one of the following aven; <u>Medsmissions portally Bulls Path portally Web Submissions</u> KEEP A COPY FOR YOUR RECORDS.

FINAL STEP: After 7 days, check your status on your OASIS Account (oasisansfædu)onitor your USF emáior updates.

Unable to submit online Fax or mail to the campus you will bettending.

Tampa or Sarasota Campus

Student Health & Wellness Center 4202 East Fowler Avenue, SWC310 Tampa, FL 33626750 Phone: (813) 97-4056or Fax: (813) 97-5888

Contact us

St. Petersburg Campus

Wellness Center 140 7th Ave South, SLC2200 Saint Petersburg, FL 33701

Phone: (727) 87-2422or Fax: (727) 87-24-193 stp-immunizations@usf.edu

Section A: Information about Required Immunizations

MMRVacine – Required for studentsborn after Dec. 31, 1956. This combina