

Medical History & Immunization Form



STUDENT AFFAIRS
& STUDENT SUCCESS
UNIVERSITY OF SOUTH FLORIDA

STUDENT HEALTH SERVICES

Patient: Busel, Veranika
Visit ID: 178,451 Patient ID: 195,238
DOB: 03/27/86 Age: 34 Sex: F
Provider: Grossgold, M.D., Andreas

USF ID #:

Email:

Phone #:

Incoming Semester:

This SIGNED and COMPLETED form is required prior to orientation/course registration (instructions on page 2)

An official translation is required for any forms not in the English language

Section A: Required Immunizations for ALL students born after 12/31/1956

Vaccine Name	Month/Day/Year	Month/Day/Year	Month/Day/Year	TITER DATE & RESULT in lieu of vaccine dates
1. MMR Two doses after first birthday OR igg titer	9/30/2020	8-21-2020	DO NO WRITE HERE	Attach Lab Report
2. Hepatitis B Three doses OR check the decline box				Attach Quantitative Lab Report
☒ I have read the <u>information</u> about Hepatitis B and <u>decline</u> receipt of this vaccine				
3. Meningitis A, C, Y, W-135 One dose after 16th birthday OR check the decline box		DO NOT WRITE HERE		
☒ I have read the <u>information</u> about Menactra/Meningococcal Meningitis and <u>decline</u> receipt of this vaccine				
 4. Signature Of Student Date 08/21/2020 And Signature of Parent /Guardian (if student is under 18) Relationship Date				

5. Tuberculosis Screening: within the last 6 months prior to semester

Required for all students residing at an address outside the US at the time of application

TB Skin Test by PPD Mantoux Must be read 2-3 days after injection	Date Placed	Date Read	MM: induration of millimeters (two digit values only)	Result POSITIVE / NEGATIVE
	Not Required Per Pt.			
or Blood Test/ Lab QFT or Tspot only	Date	Result	Submit Copy of Lab Report	
		Attach Lab Report		
or Chest X-ray if positive PPD or Lab	Date	Result	Submit Physician Signed Chest X-ray Report	
		Attach Chest X-ray Report		

Section B: Official stamp with address AND an authorized signature must appear here or this form will not be approved. Official stamp from a doctor's office, clinic, or health department.

Must attach vaccine record(s) if this section is blank

AFC Urgent Care- St. Pete
1530 4th Street North
St. Petersburg, FL 33704
P: 727.821.8700 F: 727.821.8770

Official Office Stamp Here

Andres Grossgold, MD
1530 4th Street North
St. Petersburg, FL 33704

Physician or Authorized Signature & Date

IMPORTANT! Keep a Copy of This Page And All Lab Reports For Your Records

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

Upload form to Admissions Portal (instructions on pg 2) <https://secure.vzcollegeapp.com/usf>