

New Student Requirements

IMMUNIZATIONS

All students are required to have the following immunizations:

- 1. **MMR (Measles, Mumps, and Rubella):** two doses administered at least 28 days apart (yellow section); OR lab results proving immunity (gray section). First dose must be administered on or after first birthday. Individuals born prior to 1/1/1957 are exempt from this requirement.

Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)
+ MEASLES Titer Date (mm/dd/yr)	VALUE ("Result")
+ MUMPS Titer Date (mm/dd/yr)	VALUE ("Result")

- 2. **VZV (Varicella, or "Chicken Pox"):** two doses administered at least 28 days apart (yellow section); OR lab results proving immunity (gray section). First dose must be administered on or after first birthday. Individuals born prior to 1/1/1980 are exempt from this requirement.

Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)
+ VARICELLA Titer Date (mm/dd/yr)	VALUE ("Result")

- 3. **Meningococcal Disease Vaccine: (ACWY)**
Vaccine brands Menactra OR Menveo are accepted. Most recent dose must be on or after 16th birthday. This is a requirement for students 21 and under only.

Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)
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LAST NAME	FIRST NAME
DATE OF BIRTH	USC ID#

QUICK START

Complete the information above, and provide this form to your medical care provider to complete, sign and stamp, with accompanying lab results. A completed form with applicable labs attached serve as proof of compliance. Lab results must show **patient name, test date, test name, exact values, and reference ranges** in order to be accepted. (See inset box for example.)

UPLOADING RECORDS: Take screenshots (or photos with your phone) of this form and your lab reports, and upload to the secure student health record portal, usc.edu/myshr. You should enter the accompanying dates. This portal is available to you within 72 hours of obtaining a USC NetID through netid.usc.edu.

Laboratory Report

Name: PATIENT, TEST4 Ordered by: [REDACTED] - 0000
 Id: 1737639545 Order #: L041842-98
 Age: 34 yrs at result time Collected: 10/31/2016 1:50 PM
 DOB: 8/1/1982 Received: 10/31/2016 1:50 PM
 Sex: F

IT TESTING *** NO SPECIMEN SENT

8624 - Mumps Virus Antibody IgG #8624
 Reported: 10/31/2016 1:56 PM
 Status: Final

IT TESTING *** NO SPECIMEN SENT

Test Name	Result	Flags	Reference Range
MUMPS VIRUS ANTIBODY (IGG)	1.68		
Index Interpretation			
< or = 0.90	Negative		
0.91-1.09	Equivocal		
> or = 1.10	Positive		

A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient.

(EXAMPLE LAB REPORT)

Tuberculosis (TB) Screening: (International Students Only)

International students are required to have screening for TB (tuberculosis) completed in the U.S. within 6 months prior to first semester. (Individuals from non-"high TB burden" countries are exempt from this. Please check the full list of country exemptions at bit.ly/TBcountrylist.)

The following tests are accepted (Lab Reports must also be uploaded to myshr):

- T-Spot
- Quantiferon Gold lab results
- Test Date: _____
- Positive Negative Borderline

Note: The vaccine for **seasonal influenza (“Flu Shots”)** are strongly recommended. Vaccines are generally available in the early fall. USC students on the Student Health Insurance Plan provided through Aetna pay no “out of pocket” costs for the flu vaccine, which are administered through USC Student Health. Students on other insurance plans are charged for the cost of the vaccine only, through their student accounts.

<p>COVID-19 VACCINE</p> <ul style="list-style-type: none"> • 1 dose or 2 dose series • Note: Students who do not intend to take a COVID-19 vaccine must upload appropriate forms—declination or exemptions—in MySHR. Visit http://bit.ly/uscmyshr for instructions. 	<p>Vaccine Name: _____</p> <table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 50%;">Dose 1 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 2 Date (mm/dd/yr)</td> </tr> </table>	Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)
Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)		

Additional Recommended Immunizations					
<p>INFLUENZA VACCINE</p>	<table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 100%;">Dose 1 Date (mm/dd/yr)</td> </tr> </table>	Dose 1 Date (mm/dd/yr)			
Dose 1 Date (mm/dd/yr)					
<p>TDAP VACCINE</p> <ul style="list-style-type: none"> • (Tetanus/Diphtheria with Pertussis “Whooping Cough”) 	<p>1 dose within the last 10 years</p> <table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 100%;">Dose 1 Date (mm/dd/yr)</td> </tr> </table>	Dose 1 Date (mm/dd/yr)			
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<p>HEPATITIS A VACCINE</p> <ul style="list-style-type: none"> • 2 dose series 	<table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 50%;">Dose 1 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 2 Date (mm/dd/yr)</td> </tr> </table>	Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)		
Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)				
<p>HEPATITIS B VACCINE</p> <ul style="list-style-type: none"> • 2 dose or 3 dose series 	<table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 50%;">Dose 1 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 2 Date (mm/dd/yr)</td> </tr> <tr> <td style="width: 50%;">Dose 3 Date (mm/dd/yr)</td> <td></td> </tr> </table>	Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)	Dose 3 Date (mm/dd/yr)	
Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)				
Dose 3 Date (mm/dd/yr)					
<p>HPV (Human Papilloma Vaccine, commercial name GARDASIL 9)</p> <ul style="list-style-type: none"> • 3 dose series 	<p>Recommended for all students (all genders) up to the age of 26 years old</p> <table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 50%;">Dose 1 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 2 Date (mm/dd/yr)</td> </tr> <tr> <td style="width: 50%;">Dose 3 Date (mm/dd/yr)</td> <td></td> </tr> </table>	Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)	Dose 3 Date (mm/dd/yr)	
Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)				
Dose 3 Date (mm/dd/yr)					
<p>MENINGOCOCCAL B VACCINE (commercial name Trumenba or Bexsero)</p> <ul style="list-style-type: none"> • 2 dose or 3 dose series 	<p>Recommended for ages 16-23 years old</p> <table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 50%;">Dose 1 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 2 Date (mm/dd/yr)</td> </tr> <tr> <td style="width: 50%;">Dose 3 Date (mm/dd/yr)</td> <td></td> </tr> </table>	Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)	Dose 3 Date (mm/dd/yr)	
Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)				
Dose 3 Date (mm/dd/yr)					
<p>POLIO VACCINE</p> <ul style="list-style-type: none"> • 4 dose childhood series 	<table border="1" style="width: 100%; background-color: #ffffcc;"> <tr> <td style="width: 50%;">Dose 1 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 2 Date (mm/dd/yr)</td> </tr> <tr> <td style="width: 50%;">Dose 3 Date (mm/dd/yr)</td> <td style="width: 50%;">Dose 4 Date (mm/dd/yr)</td> </tr> </table>	Dose 1 Date (mm/dd/yr)	Dose 2 Date (mm/dd/yr)	Dose 3 Date (mm/dd/yr)	Dose 4 Date (mm/dd/yr)
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Dose 3 Date (mm/dd/yr)	Dose 4 Date (mm/dd/yr)				

I ATTEST THAT ALL DATES, IMMUNIZATIONS AND LAB RESULTS LISTED ARE CORRECT AND ACCURATE	
<p>Provider’s Name: _____ (MD/DO/PA/NP)</p> <p>Provider’s Signature: _____ Date: _____</p>	<p>Medical Practice Stamp (required)</p>