**University of St. Francis**

**Student Health Services Requirements**

**Tower Hall, Room S213**

**815-740-3399**

**healthservices@stfrancis.edu**

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| **REQUIREMENTS** | **COMMUTER**  **STUDENT** | **RESIDENT**  **STUDENT** |
| Health History | **X** | **X** |
| Physical Form (within 90 days) |  | **X** |
| Tetanus/Diphtheria/Pertussis,  (within last 10 years)  **if International Student, 3 doses required\*** | **X** | **X** |
| MMR (2 doses) of Measles, Mumps and Rubella | **X** | **X** |
| Meningitis (after the age of 16) | **X** | **X** |
| TB skin test (Mantoux) |  | **X**  (within last yr) |
| COVID Vaccine | **Highly Recommended** | **Highly Recommended** |

The **X** denotes the requirement you must meet based on your status