

STUDENT IMMUNIZATION RECORD

Name _____ Date of Birth _____
(Print or type) Last First MI

HSC Badge # _____ Phone number: _____

SCHOOL/PROGRAM ENTERING:

| School of Medicine | School of Dental | School of Health Professions | Nursing School | Graduate School | Non-Degree Student |
|--|--|--|---|---|-------------------------------------|
| <input type="checkbox"/> Deaf Education <input type="checkbox"/> Medicine | <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Adv. Dental School <input type="checkbox"/> Dental School | <input type="checkbox"/> Clinical Laboratory Sciences <input type="checkbox"/> Emergency Health Sciences <input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Respiratory Care | <input type="checkbox"/> Graduate <input type="checkbox"/> Accelerated <input type="checkbox"/> Traditional | <input type="checkbox"/> Biomedical Engineering <input type="checkbox"/> Cellular & Structural Biology <input type="checkbox"/> Clinical Investigation <input type="checkbox"/> Integrated Multidisciplinary Graduate Program (IMGP) <input type="checkbox"/> Molecular Medicine <input type="checkbox"/> Pharm. D. <input type="checkbox"/> Physiology | <input type="checkbox"/> Non-Degree |

IMMUNIZATION HISTORY: This section is to be completed by a MD, PA, NP, DO and signed on the bottom of this card.

HEPATITIS B ONLY OR HEPATITIS A&B COMBO VACCINE:

Date: 1) _____ Date: 2) _____ Date: 3) _____

AND

Hepatitis B Antibody Titer: Date: _____ Immune _____ Not Immune _____ Value: _____

TUBERCULOSIS:

1st PPD test

TST: Date Placed _____ Time _____ Date Read _____ Time _____ **Results:** _____ mm _____ Positive _____ Negative

2nd PPD test

TST: Date Placed _____ Time _____ Date Read _____ Time _____ **Results:** _____ mm _____ Positive _____ Negative

- OR -

BAMT: Date: _____ **Results:** _____ Negative _____ Positive

IF POSITIVE READING

CXR results: _____ date: _____ TB screening: _____ Date: _____

VARICELLA (CHICKEN POX):

1st immunization Date: _____ 2nd immunization Date: _____

- OR -

Date of disease (month & year): _____

- OR -

Varicella Titer: Date: _____ Immune _____ Not Immune _____ Value: _____

MUMPS, MEASLES (RUBEOLA), RUBELLA:

1st immunization Date: _____ 2nd immunization Date: _____

- OR -

Mumps Titer: Date: _____ Immune _____ Not Immune _____ Value: _____

Measles Titer: Date: _____ Immune _____ Not Immune _____ Value: _____

Rubella Titer: Date: _____ Immune _____ Not Immune _____ Value: _____

DIPHTHERIA-TETANUS (Td) OR DT PERTUSSIS (Tdap):

FLU VACCINE:

MENINGITIS (Age 22 and less):

Date of booster: _____ Date of vaccination: _____ Date of vaccination: _____

Provider Name (Print) _____ Title (M.D., D.O., P.A., N.P.) _____

Signature _____ Date _____ Daytime Phone (____) _____

Address _____
Street City/State Zip

IMPORTANT STUDENT IMMUNIZATION RECORD

Required routine immunizations **must be completed prior to registration** to protect your health, the health of patients, and to minimize any adverse reactions during the early part of your training/education.

Important Notes:

TWINRIX/Hepatitis B:

The Health Science Center will accept either the standard Hepatitis B (3 injections) or the expedited Hepatitis A&B (TWINRIX) combo vaccine series (4 injections) and antibody titer results. The Hepatitis B series can take between 4 to 6 months to complete. The (TWINRIX) combo series can be completed in approximately 3 to 4 weeks and requires a booster at 1 year. It may also be given in the same sequence as the Hep B series over a six month period. It is slightly more expensive than the Hep B six month series; however if there is limited time to complete the requirement Twinrix expedited is recommended.

If antibody titer is negative then repeat the 3 or 4 series again. Repeat the antibody titer again after one month of the last dose. If antibody titer is negative after the 2nd series then additional test will be required.

TDAP:

Need Documentation of at least one Tdap in the last 10 years regardless of the time since the most recent TD vaccination.

TUBERCULOSIS (TB skin test (TST) or BAMT – blood test (Q-gold or T spot):

If you have never had a TST or IGRA blood test you will need a 2 step baseline TST or BAMT.

Previous negative TST result > 12 months – 2 step baseline TST or BAMT.

Previous documented negative TST < 12 months – one step TST (need both the results documented).

>2 previous documented negative TST recent TST > 12 months – one step TST (need both the results documented).

Previous documented positive TST (> or = 10mm) – No TST or BAMT. Require documentation in mm of the positive TST or lab results for BAMT and chest x-ray that states no evidence of active tuberculosis after the positive read and symptom evaluation. Attached symptoms evaluation must be filled out.

Previous undocumented Positive TST – 2 step baseline TST or BAMT

Previous BCG vaccination – 2 step baseline TST or BAMT.