

# VP&S Visiting Student Immunization Form

VP&S reserves the right to rescind any offer(s) if a visiting student cannot comply with these requirements by the start of the rotation.

*Items 3, 6, and 8 must be completed within 12 months of the desired rotation. For example: To be offered an October 2021 rotations, you must have received a Hep C titer (#3), PPD/Chest Xray (#6), and Physical (#8) after October 31, 2020.*

**DO NOT fax additional health records unless explicitly asked. Faxed records will not be verified over the phone.**

| To be completed by a clinician or health care official.   |              |                        |            |
|---|--------------|------------------------|------------|
| Student Name:   |              | Date:                  |            |
| <b>1 Measles, Mumps, Rubella</b>  |              |                        |            |
| Positive titers for Measles, Mumps and Rubella required for all students. A third MMR shot is required only if any MMR titers not positive.   |              |                        |            |
|   |              |                        | Circle One |
| Measles Titer (IgG)   | Date:        | Pos or Neg             |            |
| Mumps Titer (IgG)   | Date:        | Pos or Neg             |            |
| Rubella Titer (IgG)   | Date:        | Pos or Neg             |            |
| MMR#1_(date)  | MMR#2_(date) | MMR#3_(date)           |            |
| <b>2 Hepatitis B Immunity</b>   |              |                        |            |
| Hepatitis B series and post-immunization titer required for all students. If titer is negative after Hep B 4, 2 additional Hep B vaccines are required with a Hep B titer 30 days after the last Hep B. |              |                        |            |
| Hepatitis B #1  | Date:        |                        |            |
| Hep B #2  | Date:        |                        |            |
| Hep B #3  | Date:        |                        |            |
| Post-immunization Hep B Surface Antibody (IgG)  | Date:        | Circle one: Pos or Neg |            |
| Hep B Surface Antigen<br><i>Required only if Hep B post-immunization titer is Neg.</i>  | Date:        | Circle one: Pos or Neg |            |
| Hep B #4<br><i>Required only if Hep B Surface Antibody and Antigen are Neg.</i>   | Date:        |                        |            |
| <b>3 Hepatitis C Antibody <u>Must be within 12 months of rotation</u></b>   |              |                        |            |
| Hepatitis C titer   | Date:        | Circle one: Pos or Neg |            |
| <b>4 Varicella Immunity</b>   |              |                        |            |
| Varicella Disease (Clinician verified)  | Yes or No    | Circle one             |            |
| Varicella Titer (IgG)<br><i>Perform only if there is a history of varicella disease. If Varicella Antibody after disease is negative, indicate 2 doses of Varicella vaccine below.</i>                  | Date:        | Pos or Neg             |            |
| Varicella Vaccine #1  | Date:        |                        |            |
| Varicella Vaccine # 2   | Date:        |                        |            |
| <i>Must be 30 days after Dose 1</i>   |              |                        |            |

|  |                        |
|--|------------------------|
| 5 Tetanus Immunity   |                        |
| Must be within 10 years.   | Circle One             |
| <b>Most recent Td booster</b>  | Date: Td or Tdap       |
| 6 Tuberculosis Testing <b>Must be within 12 months of rotation</b>   |                        |
| <b>Please complete Option 1 or 2.</b>  |                        |
| <u>Option 1:</u> PPD<br><i>Should be placed even with a history of BCG administration.</i>   |                        |
| PPD placed Date:   | PPD read Date:         |
| Induration _____ mm  |                        |
| <u>Option 2:</u> Quantiferon Gold or TB Spot ( <i>Circle Which</i> )   |                        |
| Date of Quantiferon Gold or Tb Spot:   | Circle one: Pos or Neg |
| If PPD is >10 mm (5 mm if HIV+ or recent contact) or if Quantiferon Gold/TB Spot is positive, please answer the following questions. Does student have:    |                        |
| Cough? Yes or No   |                        |
| Night sweats? Yes or No  |                        |
| Weight Loss? Yes or No   |                        |
| History of BCG? Yes or No <i>If Yes, year given:</i>   |                        |
| Treatment with INH? Yes or No <i>If yes, from (mo-yr) to (mo-yr)</i>   |                        |
| <b>Chest X-Ray</b><br><i>Required at medical school entry if PPD positive at that time; otherwise within one year of rotation date. Attach CXR report.</i> |                        |
| Date:  | Pos or Neg             |
| 7 Respirator Mask <i>International students may complete this at VP&amp;S for a fee</i>  |                        |
| Date of Fitting:   | Mask Size:             |
| Specify type of mask (ex: N95):  | Make/Model:            |
| 8 Physical Examination <b>Must be within 12 months of rotation</b>   |                        |
| Date of Exam:  |                        |
| 9 Influenza Vaccination <b>Required for all rotations, please attach proof with this form</b>  |                        |
| Date of vaccination:   |                        |
| 10 COVID Vaccination <b>Required for all rotations, please attach proof with this form. Second dose must be received 14 days before start of rotation</b>  |                        |
| Date of first dose:  |                        |
| Date of second dose (if applicable):   |                        |
| <b>Clinician Signature</b>   |                        |
| <i>I certify that this student is in good health without contraindications to clinical care of patients.</i> <b>Yes or No</b>                              |                        |
| Signature of Clinician:  |                        |
| Print Clinician Name:  |                        |
| Provider ID (if available):  |                        |
| Date:  |                        |