# 2018 P&S Visiting Student Immunization Form

P&S observers 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 2018 rotation, you must have received a Hep C titer (#3), PPD/Chest Xray (#6), and Physical (#8) after October 31, 2017.

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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Requirement</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Measles, Mumps, Rubella</td>
<td>Positive titers for Measles, Mumps and Rubella required for all students. A third MMR shot is required only if any MMR titers not positive.</td>
<td></td>
</tr>
<tr>
<td>Measles Titer (IgG)</td>
<td>Date:</td>
<td>Pos or Neg</td>
</tr>
<tr>
<td>Mumps Titer (IgG)</td>
<td>Date:</td>
<td>Pos or Neg</td>
</tr>
<tr>
<td>Rubella Titer (IgG)</td>
<td>Date:</td>
<td>Pos or Neg</td>
</tr>
<tr>
<td>MMR #1</td>
<td>(date)</td>
<td>MMR #2</td>
</tr>
<tr>
<td><strong>2</strong> Hepatitis B Immunity</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B #1</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Hep B #2</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Hep B #3</td>
<td>Date:</td>
<td>Circle One</td>
</tr>
<tr>
<td>Post-immunization Hep B Surface Antibody (IgG)</td>
<td>Date:</td>
<td>Pos or Neg</td>
</tr>
<tr>
<td>Hep B Surface Antigen</td>
<td>Required only if Hep B post-immunization titer is Neg.</td>
<td>Date:</td>
</tr>
<tr>
<td>Hep B #4</td>
<td>Required only if Hep B Surface Antibody and Antigen are Neg.</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>3</strong> Hepatitis C Antibody</td>
<td>MUST BE WITHIN 12 MONTHS OF ROTATION</td>
<td>Circle One</td>
</tr>
<tr>
<td>Hepatitis C titer</td>
<td>Date:</td>
<td>Pos or Neg</td>
</tr>
<tr>
<td><strong>4</strong> Varicella Immunity</td>
<td>Varicella Disease (Clinician verified)</td>
<td>Yes or No</td>
</tr>
<tr>
<td>Varicella Titer (IgG)</td>
<td>Perform only if there is a history of varicella disease. If Varicella Antibody after disease is negative, indicate 2 doses of Varicella vaccine below.</td>
<td>Date:</td>
</tr>
<tr>
<td>Varicella Vaccine #1</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Varicella Vaccine #2</td>
<td>Must be 30 days after Dose 1.</td>
<td>Date:</td>
</tr>
</tbody>
</table>
### Tetanus Immunity

**Must be within 10 years.**

<table>
<thead>
<tr>
<th>Most recent Td booster</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Circle One**

- **Td**
- **Td ap**

### Tuberculosis Testing  **MUST BE WITHIN 12 MONTHS OF ROTATION**

**Please complete Option 1 or 2.**

**Option 1: PPD**

- **Should be placed even with a history of BCG administration.**

<table>
<thead>
<tr>
<th>PPD placed</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD read</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Induration** __________ mm

**Option 2: Quantiferon Gold** or **TB Spot (Circle Which)**

<table>
<thead>
<tr>
<th>Date of Quantiferon Gold or Tb Spot:</th>
<th>Pos or Neg</th>
</tr>
</thead>
</table>

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
- **If Yes, year given:**

<table>
<thead>
<tr>
<th>Treatment with INH?</th>
<th>Pos or Neg</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, from (mo-yr) to (mo-yr)</td>
<td></td>
</tr>
</tbody>
</table>

**Chest X-Ray**

*Required at medical school entry if PPD positive at that time; otherwise within one year of rotation date.*

<table>
<thead>
<tr>
<th>Date:</th>
<th>Pos or Neg</th>
</tr>
</thead>
</table>

### Respirator Mask  **International students may complete this at P&S for fee.**

**Date of Fitting:**

**Specify type of mask (ex: N95):**

**Mask Size:**

**Make/Model:**

### Physical Examination  **MUST BE WITHIN 12 MONTHS OF ROTATION**

**Date of Exam:**

### Influenza Vaccination

**Required for Fall 2018/Winter 2019 rotations.** During this time, visiting students without an influenza vaccination will be required to wear a mask in patient areas. Can be left blank if applying for spring/summer months, but students may be required to update upon further notice.

**Date of vaccination:**

**Clinician Signature**

*I certify that this student is in good health without contraindications to clinical care of patients.*

**Yes or No**

**Signature of Clinician:**

**Print Clinician Name:**

**Provider ID (if available):**

**Date:**