

P&S Visiting Student Immunization Form

P&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 2019 rotation, you must have received a Hep C titer (#3), PPD/Chest Xray (#6), and Physical (#8) after October 31, 2018.*

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:
1 Measles, Mumps, Rubella	
Positive titers for Measles, Mumps and Rubella required for all students. A third MMR shot is required <u>only</u> if any MMR titers not positive.	
Measles Titer (IgG) Date:	Circle One 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)	
2 Hepatitis B Immunity	
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:	Circle One
Post-immunization Hep B Surface Antibody (IgG) Date:	Pos or Neg
Hep B Surface Antigen <i>Required only if Hep B post-immunization titer is Neg.</i> Date:	Pos or Neg
Hep B #4 <i>Required only if Hep B Surface Antibody and Antigen are Neg.</i> Date:	
3 Hepatitis C Antibody <u>MUST BE WITHIN 12 MONTHS OF ROTATION</u>	
	Circle One
Hepatitis C titer Date:	Pos or Neg
4 Varicella Immunity	
Varicella Disease (Clinician verified) Yes or No	Circle One
Varicella Titer (IgG) <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 <i>Must be 30 days after Dose 1.</i> Date:	

5	Tetanus Immunity
Must be within 10 years. Circle One	
Most recent Td booster Date: Td or Tdap	
6	Tuberculosis Testing <u>MUST BE WITHIN 12 MONTHS OF ROTATION</u>
Please complete Option 1 or 2.	
Option 1: PPD <i>Should be placed even with a history of BCG administration.</i>	
PPD placed Date:	
PPD read Date:	
Induration _____ mm	
Option 2: Quantiferon Gold or TB Spot (Circle Which)	
Date of Quantiferon Gold or Tb Spot: 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:	
<i>Cough?</i> Yes or No	
<i>Night sweats?</i> Yes or No	
<i>Weight Loss?</i> Yes or No	
<i>History of BCG?</i> Yes or No <i>If Yes, year given:</i>	
<i>Treatment with INH?</i> Yes or No <i>If yes, from</i> (mo-yr) to (mo-yr)	
Chest X-Ray <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 P&S for fee.</i>
Date of Fitting:	
Specify type of mask (ex: N95):	
Mask Size:	
Make/Model:	
8	Physical Examination <u>MUST BE WITHIN 12 MONTHS OF ROTATION</u>
Date of Exam:	
9	Influenza Vaccination
Required for Fall 2019/Winter 2020 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>I certify that this student is in good health without contraindications to clinical care of patients.</i> Yes or No	
Signature of Clinician:	
Print Clinician Name:	
Provider ID (if available):	
Date:	