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Description automatically generated

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization Requirement for Visiting Students

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine** |  | | | |
| Fill either proof of full vaccination **or** serum antibody titer: | | | | |
| **Measles** | Vaccine dose 1 (date) |  | Vaccine dose 2 (Date) |  |
| Immune serum antibody titer (level and date) | | |  | |
| Proof of disease (Date) | | |  | |
|  | | | | |
| **Mumps** | Vaccine dose 1 (date) |  | Vaccine dose 2 (Date) |  |
| Immune serum antibody titer (level and date) | | |  |  |
| Proof of disease (Date) | | |  |  |
|  | | | | |
| **Rubella** | Vaccine dose 1 (date) |  | Vaccine dose 2 (Date) |  |
| Immune serum antibody titer (level and date) | | |  |  |
| Proof of disease (Date) | | |  | |
|  | | | | |
| **Varicella** | Vaccine dose 1 (date) |  | Vaccine dose 2 (Date) |  |
| Immune serum antibody titer (level and date) | | |  |  |
| Proof of disease (Date) | | |  | |
|  | | | | |
| **Hepatitis B** | Vaccine dose 1 (date) | | Vaccine dose 2 (Date) | Vaccine dose 3 (date) |
| Immune serum antibody titer (level and date) | | |  | |
|  | | | | |
| **Tetanus, Diphtheria, pertussis**  Booster within the last 10 years | | | Booster dose (Date) |  |
|  | | | | |
| **Hepatitis A** | Vaccine dose 1 (date) |  | Vaccine dose 2 (Date) |  |
| Immune serum antibody titer (level and date) | | |  |  |
|  | | | | |
| **Flu** | Last vaccine dose (Date) |  |  |  |
|  | | | | |
| **Tuberculosis**- Tuberculin skin test (should be done within the last 6 months prior to rotation) | | | | |
| TST diameter (mm) | |  | Date |  |
| OR quantiferon test result | Positive Negative |  | Date |  |
| Chest X-Ray | Y N | Date | if Y attach report | |
| INH treatment/anti-TB treatment | | Y N | if Y attach report | |
|  | |  |  | |
|  | | | | |
| **Meningococcal vaccine** | | Vaccine type and (date) |  | |
|  | | | | |
| Students signature and date | |  |  | |
| Physicians name: | | Date | | |
| Signature | | Licensure number | | |

The form should be filled and signed by the student as well as by a licensed physician. Proof of vaccination/lab reports should be attached

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