

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

Immunization Requirement for Visiting Students

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| --- | --- |
| **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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