

# Medical Student - Immunization Requirements



**Entering medical students** are required to show:

- ❑ **Proof of immunity through blood titer** to Measles (Rubeola), Mumps, German Measles (Rubella), and Hepatitis B.
- ❑ **Proof of immunity through blood titer or vaccination** to Varicella.
- ❑ Up-to-date Tetanus/Diphtheria/Pertussis vaccine.
- ❑ Tuberculosis screening

**Mailing Address:**  
Pritzker School of Medicine  
c/o Kate Blythe  
924 E. 57<sup>th</sup> St., Suite 104  
Chicago, IL 60637

Return this immunization form to the **Pritzker School of Medicine** by **July 1, 2008**. Failure to do so will result in your being placed on restriction, which will deny you access to University facilities and future class enrollments.

**Questions** regarding immunization requirements or the immunization form? Please contact the SCC Nursing Staff at 773-702-1915 during business hours, and **identify that you are an incoming medical student**.

## **INSTRUCTIONS: PLEASE READ CAREFULLY**

- ❑ **HEALTH CARE PROVIDER:** A licensed healthcare provider must complete the immunization form. A health care provider is: a physician licensed to practice (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
- ❑ **ENGLISH:** **All immunization forms and copies of laboratory reports must be submitted in English.** Translations of non-English documents **must be certified**. It is acceptable to have an English translation of the documents certified as accurate by a member of the University community who is fluent in the document's original language.
- ❑ **MEASLES, MUMPS, RUBELLA:** A copy of laboratory report(s) in English with evidence of immunity to Measles, Mumps, and Rubella. Students whose laboratory testing does not indicate immunity should receive additional immunizations as appropriate and record these dates.
- ❑ **HEPATITIS B:** Students who have previously completed the Hepatitis B vaccine 3-part series should submit both their dose dates and a copy of a laboratory report(s) in English of a blood test (Hepatitis B Surface Antibody) to demonstrate immunity. Students who have not yet completed the series should receive their initial doses and indicate these dose dates. Students may complete their series and undergo serologic testing during their first quarter at the SCC; vaccine and titer fees will apply.
- ❑ **VARICELLA:** Students who have previously had the Varicella infection (chicken pox) should have their immunity verified with a blood titer and submit a copy of laboratory report(s) in English. Students who have not previously been infected or whose laboratory testing does not indicate immunity should complete the two-dose vaccination series. Vaccines should be given at least 30 days apart.
- ❑ **TETANUS/PERTUSSIS:** All students must show proof of vaccination for Tetanus, Diphtheria and Pertussis. Proof of immunity may be submitted by forwarding a copy of childhood immunization records, or a recent dose of Tdap (Tetanus, diphtheria, and acellular pertussis). Students whose last dose of tetanus vaccine (Td) given more than five (5) years ago, are required to receive a single dose of Tdap to satisfy the pertussis requirement.
- ❑ **TUBERCULOSIS SCREENING:** Screening for tuberculosis exposure is a **two-step skin test performed**. The first skin test must have been performed within 3 months of entry. The second skin test will be performed during orientation week. This requirement may also be satisfied by submitting documentation of two skin tests, the latest having been performed within 3 months of entry. Students with a previous history of a positive tuberculosis skin test must submit a chest X-ray report obtained within 12 months of entry. They should not have skin testing completed.
- ❑ **INTERNATIONAL STUDENTS:** **Must provide three (3) dose dates for Tetanus/Diphtheria immunizations.** The 1<sup>st</sup> and 2<sup>nd</sup> doses must be separated by a minimum of 28 days. The 2<sup>nd</sup> and 3<sup>rd</sup> doses must be separated by a minimum of 6 months. **One of these doses must be a Tdap vaccine.** Students whose last dose of tetanus vaccine (Td) given more than five (5) years ago, are required to receive a single dose of Tdap to satisfy the pertussis requirement. The last dose **must** be within the last ten (10) years.
- ❑ **EXEMPTIONS:** Anyone with a vaccine exemption may be excluded from the University/College in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health law.
  - **MEDICAL CONTRAINDICATIONS:** a written, signed, and dated statement from a physician stating the vaccine that is contraindicated, the nature, and duration of the medical condition that contraindicates the vaccine(s). This statement will not be accepted if it does not meet the standards of care at The University of Chicago Hospitals. Submit this statement to the SCC Immunization Program.
  - **PREGNANCY OR SUSPECTED PREGNANCY:** a signed statement from a physician stating the student is pregnant or pregnancy is suspected. Pregnancy exemptions are applicable only to Measles, Mumps, Rubella and Varicella vaccination requirements. Submit this statement to the SCC Immunization Program.
  - **AGE EXEMPTION:** persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by the submission of a copy of the student's birth certificate, driver's license, or passport identifying the birth date. Submit this statement to the SCC Immunization Program.
  - **RELIGIOUS EXEMPTION:** a written, signed, and dated statement by the student detailing the student's objection to immunization on religious grounds. Request for religious exemptions will be forwarded for review and **only** be granted by the Registrar. **Submit this statement to the University Registrar (<http://registrar.uchicago.edu/>)**

# The University of Chicago Medical Student Immunization Record

**PART I** - To be completed by the student. Student Identification # (if known) \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Date of birth (MM/DD/YEAR) \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current calendar year \_\_\_\_\_ Quarter beginning/attending (check one): Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_

**PART II - To be completed and signed by Health Care Provider(s).** A health care provider is a physician licensed to practice medicine in all of its branches (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.

Please read the enclosed instructions. **All dates must include MONTH and YEAR.**

<b>MEASLES</b> (Must attach a copy of laboratory test in English.)	Date of blood titer. ____/____/____ Result: _____
<b>RUBELLA (German Measles)</b> (Must attach a copy of laboratory test in English.)	Date of blood titer. ____/____/____ Result: _____
<b>MUMPS</b> (Must attach a copy of laboratory test in English.)	Date of blood titer. ____/____/____ Result: _____
<b>HEPATITIS B</b> Complete <b>BOTH</b> <u>Step 1</u> and <u>Step 2</u>	
<b>Step 1 – Vaccine Series</b> <b>Dates of immunization:</b> (Vaccine schedule* must be <u>started before entry</u> to school)  1. ____/____/____ 2. ____/____/____ 3. ____/____/____ * Vaccine schedule as approved by the CDC: Three total doses given at 0, 1-2, and 4-6 months.	<b>Step 2 – Proof of Immunity</b> <b>To be done <u>after Step 1</u> is completed.</b> (May be completed during first quarter of school)  Date of blood titer ____/____/____ <b>(Hepatitis B Surface Antibody)</b>  Result: _____ <b>(Must attach a copy of laboratory test in English.)</b>
<b>VARICELLA ZOSTER/CHICKEN POX</b> (Must attach a copy of laboratory test in English)	Date of blood titer. ____/____/____ <b>(Varicella Zoster Antibody)</b>  Result: _____ <b>(Must attach a copy of laboratory test in English)</b>  <p style="text-align: center;"><b>OR</b></p> Dates of immunization if you have not had chicken pox. <b>(Two doses separated by at least 30 days are required)</b>  1. ____/____/____ 2. ____/____/____

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth (MM/DD/YEAR) \_\_\_\_\_

**TETANUS/DIPHTHERIA/PERTUSSIS: EITHER SECTION 1 or 2.**  
**Complete Section 1 for US Citizens or permanent residents ONLY.**  
**Complete Section 2 for International Students ONLY.**

SECTION 1: US Citizens or Permanent Residents	SECTION 2: International Students	
	International Students	Identify immunization given:
Date of most recent tetanus booster. (Given within past 10 years)  Date of immunization ____ / ____ / ____  Identify immunization given:  Td or Tdap	<b>a. First immunization</b>  <b>b. Second immunization</b> (Given at least 28 days after first immunization).  <b>c. Third immunization/</b> tetanus booster. <b>Given at least 6 months after second immunization &amp; within the past 10 years.</b>	a. Date of immunization ____ / ____ / ____ Td <b>or</b> Tdap  b. Date of immunization ____ / ____ / ____ Td <b>or</b> Tdap  c. Date of immunization ____ / ____ / ____ Td <b>or</b> Tdap

**TUBERCULOSIS SCREENING**

<b>Tuberculin skin test (Mantoux only)</b> Completed within 3 months of entry. Dates must include month, date, and year. Result must be recorded in millimeters of induration. If no induration, record 0.	Date of placement ____ / ____ / ____  Date read ____ / ____ / ____  Result: _____ mm induration
<b>OR</b>	<b>OR</b>
If the student has a history of a positive TB skin test or treated TB disease, a chest X-ray done in the USA within 1 year of registration is required. <b>Must attach chest X-ray report.</b>	Date of Chest X-ray ____ / ____ / ____

**PART III. Health Care Provider Certification must be signed.**

Provider(s) signature \_\_\_\_\_

Provider printed name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PART IV-Office use only.**

	Measles	G. Measles	Mumps	Tet/Dip	Hepatitis	Varicella
Immune						
Exempt						
Outstanding						

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Complete \_\_\_\_\_ Incomplete \_\_\_\_\_

# FAQ's

Here are some of the most *Frequently Asked Questions* from incoming Medical Students:

**Q: Can I just submit my immunization records in place of the Health Immunization Form?**

A: The Health Immunization Form is a required document. Please make certain that you have the form specifically for **Medical Students**. This form must be completed and signed by a licensed healthcare provider.

**Q: Why isn't my immunization history sufficient for proof of immunity?**

A: The University of Chicago adheres to the guidelines of the American Association of Medical Colleges (AAMC) and, the Center for Disease Control (CDC) and Prevention for healthcare workers. Proof of immunity must be verified via blood titers for Measles, Mumps, Rubella, Varicella and Hepatitis B. Immunity for Tetanus and Pertussis are verifiable by a recent dose of Diphtheria Tetanus Acellular Pertussis (DTAP) vaccine.

**Q: If I need blood titers, why should I submit my immunization history?**

A: Immunization dates are important in the event that your blood titers are negative. Each required titer has a specific number of doses needed to complete a series. For example, Illinois requires the following: either 2 doses of MMR *or* 2 doses of Measles, 1 dose of Mumps and 1 dose of Rubella. It is also important to note that the first dose of MMR is not given before 12 months of age, your 1<sup>st</sup> birthday.

If a titer is negative for any of the required, specific guidelines are available for attempting to boost one's immunity. In most cases, an additional dose of the vaccine will be administered and the titer rechecked after 30 days, if it is not medically contraindicated.

**Q: What if I had the Varicella infection (chickenpox) as a child?**

A: In most cases, your titer will prove immunity if you had the infection in the past. Otherwise you will be required to complete a 2 dose series for Varicella.

**Q: I started the Hepatitis B series but never completed it. Do I need to start the series over?**

A: Generally, we don't restart the series. The most common approach would be to give the missing dose-wait 30 days, then get a Hepatitis B Surface Antibody drawn.

**Q: I had a PPD (TB skin test) last year. Do I need another one?**

A: Tuberculosis testing must be performed within 3 months of orientation date. This is a 2 step process. The second PPD will be placed during orientation.

**Q: What if I have had a positive PPD in the past?**

A: If you have had a positive reaction, your healthcare provider must provide documentation of the reaction size, followed by a Chest X-ray. Any reaction greater than 10mm's requires a Chest X-ray for healthcare workers. Please attach a copy of the Chest X-ray to your health form. Also note that receiving the BCG vaccine does not always present a positive reaction. Therefore, a Chest X-ray is only acceptable for a positive PPD reaction.

**Q: Why does UC require so much?**

A: All Medical Colleges require the same. It is our intent to maintain healthcare and provide knowledge of communicable diseases within the profession you have chosen. It is important in healthcare to KNOW YOUR STATUS.

*Have any other questions????? Email Keeya.Bailey@uchospitals.edu*