

IMMUNIZATION FORM FOR MEDICAL STUDENTS

Please review page three for documentation requirements. All completed forms MUST be uploaded to the Immunization Portal.

LAST NAME:		FIRST NAME:		MI:
STUDENT ID (8-DIGITS):		DATE OF BIRTH:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
PHONE NUMBER:		E-MAIL:		
FIRST QUARTER ATTENDING: <input type="checkbox"/> AUTUMN <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER				YEAR:

BELOW SECTIONS TO BE COMPLETED BY A HEALTHCARE PROVIDER. DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

REQUIRED VACCINES	MMR (Combined Measles, Mumps, Rubella) - 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW	DOSE #1 DATE (ON OR AFTER FIRST BIRTHDAY & AFTER 1/1/68):	DOSE #2 DATE (AT LEAST 28 DAYS AFTER FIRST MMR DOSE):	AND MUST PROVIDE DATE OF BLOOD TITER FOR MEASLES, MUMPS, AND RUBELLA; RESULTS; AND COPY OF LAB TEST. PLEASE COMPLETE THE BELOW FIELDS.
	-OR-			
	Measles (Rubeola) - 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART. - MUST PROVIDE DATE OF BLOOD TITER, RESULTS, AND COPY OF LAB TEST.	DOSE #1 DATE:	DOSE #2 DATE:	BLOOD TITER DATE: RESULT: <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	Mumps - 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART. - MUST PROVIDE DATE OF BLOOD TITER, RESULTS, AND COPY OF LAB TEST.	DOSE #1 DATE:	DOSE #2 DATE:	BLOOD TITER DATE: RESULT: <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	Rubella (German Measles) - 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART. - MUST PROVIDE DATE OF BLOOD TITER, RESULTS, AND COPY OF LAB TEST.	DOSE #1 DATE:	DOSE #2 DATE:	BLOOD TITER DATE: RESULT: <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
Tetanus/Diphtheria/Pertussis 3 DOSES OF DTP, DPT, DTaP, DT, Td, OR Tdap ARE REQUIRED. - ONE DOSE MUST BE Tdap . - THE FIRST TWO DOSES MUST BE AT LEAST 28 DAYS APART. - LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO THE TERM OF CURRENT ENROLLMENT. - TETANUS TOXOID IS NOT ACCEPTABLE IN FULFILLING THIS REQUIREMENT.				
Tdap DATE:		DTP, DPT, DTaP, TD, DT, OR Tdap DATE:	DTP, DPT, DTaP, TD, DT, OR Tdap DATE:	

STUDENT NAME: _____ STUDENT ID (8-DIGITS): _____

DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

REQUIRED VACCINES	Hepatitis B - THREE DOSES GIVEN AT 0, 1-2, AND 4-6 MONTHS. - BLOOD TITER TEST MAY BE COMPLETED DURING FIRST QUARTER	DOSE #1 DATE:	DOSE #2 DATE:	DOSE #3 DATE:	ANTIBODY BLOOD TITER DATE: RESULT: <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	Varicella (Chicken Pox) - MUST PROVIDE BLOOD TITER, OR - DATES OF VACCINES IF YOU HAVE NOT HAD CHICKEN POX	DOSE #1 DATE:	DOSE #2 DATE:	-OR-	BLOOD TITER DATE: RESULT: <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	Meningococcal Conjugate - REQUIRED FOR ALL NEW STUDENTS UNDER THE AGE OF 22. - ONE DOSE MUST HAVE BEEN GIVEN ON OR AFTER 16 TH BIRTHDAY.	VACCINE DATE:			

COMPLETE ONE OF THE BELOW. DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

TUBERCULOSIS SCREENING	Tuberculin Skin Test (Mantoux Only) TO BE COMPLETED WITHIN 3 MONTHS OF start of classes	PLACEMENT DATE:	READ DATE:	RESULT: _____ MM INDURATION (IF NO INDURATION, RECORD 0)
	-OR-			
Chest X-Ray IF STUDENT HAS A HISTORY OF A POSITIVE TB SKIN TEST OR TREATED TB DISEASE (MUST BE DONE IN THE USA WITHIN 1 YEAR OF REGISTRATION).	CHEST X-RAY DATE: <input type="checkbox"/> ATTACHED COPY OF CHEST X-RAY REPORT IN ENGLISH	QUANTIFERON GOLD/T-SPOT TEST DATE: RESULT: <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH		

_____ SIGNATURE OF HEALTH PROVIDER	_____ DATE	CLINIC STAMP:
_____ HEALTH PROVIDER NAME (PRINT)	_____ ADDRESS	
_____ TELEPHONE NUMBER	_____ FAX NUMBER	

****SIGNING PROVIDER IS VERIFYING ALL DATES ARE ACCURATE****

ENTERING MEDICAL STUDENTS ARE REQUIRED TO PROVIDE:

- Proof of immunity through blood titer to Measles (Rubeola), Mumps, Rubella (German Measles)
- Current Tetanus/Diphtheria/Pertussis vaccine.
- Proof of immunity through blood titer to Hepatitis B.
- Proof of immunity through blood titer or vaccination to Varicella.
- Proof of Meningitis vaccine if under 22 years of age
- Tuberculosis screening.

IMPORTANT NOTES:

- A LICENSED HEALTHCARE PROVIDER must complete the immunization form. A healthcare 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.
- EXEMPTIONS: The following exemptions may be allowed. 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 Student Health Service at sccimm@uchospitals.edu.
 - 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, and Rubella requirements. Submit this statement to Student Health Service at sccimm@uchospitals.edu.
 - AGE EXEMPTION: Persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by submitting a copy of the student's birth certificate, driver's license, or passport identifying the birth date.
 - 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 at registrar@uchicago.edu.

FREQUENTLY ASKED QUESTIONS

Q: Can I just submit copies of my vaccines instead of completing the Immunization Record?

A: The Immunization Record is a required document. Please make certain that you submit 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 and the requirements of the State of Illinois. 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 three doses of Diphtheria/Tetanus/Pertussis (Tdap) 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 two doses of MMR. It is also important to note that the first dose of MMR is not given before 12 months of age (your first birthday). If a titer is negative for any of the required immunizations, 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 two-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 have a Hepatitis B Surface Antibody rechecked.

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

A: Tuberculosis testing must be performed within three months of orientation date. This is a two-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 or QuantiFERON Gold/T-spot testing. Any reaction greater than 10mm requires additional testing for healthcare workers. Please attach a copy of the Chest X-ray or QuantiFERON Gold/T-spot testing results to your health form. Also note that receiving the BCG vaccine does not always present a positive reaction. Therefore, a Chest X-ray or QuantiFERON Gold/T-spot testing is necessary for a positive PPD reaction.

Q: Why does the University of Chicago require so much proof of immunization?

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.

Questions? Email sccimm@uchospitals.edu