University of Iowa  
**Health Science Student Requirements Form**

Use of this form is optional. An official immunization record from your health department or medical record is the preferred method of submitting this information. If you use this form, it must be signed by your health care provider.

**Name:** ______________________________________  **Date of Birth:** ______________________

**Student ID number:** ____________________________

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**Measles/Mumps/Rubella (MMR) - (2) vaccines or positive antibody titers for all 3 diseases; Initial vaccine must be after age 1; at least 28 days between doses**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date 1</th>
<th>Date 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR #2</td>
<td></td>
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</tbody>
</table>

-OR-

Provide copies of original lab reports of Measles, Mumps and Rubella titers that verify immunity

-OR-

**Single Component vaccinations (Measles, Mumps, Rubella)**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date 1</th>
<th>Date 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
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</tbody>
</table>

**Varicella (Chicken Pox) - (2) vaccines OR positive antibody titre**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date 1</th>
<th>Date 2</th>
</tr>
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<tbody>
<tr>
<td>Varicella #1</td>
<td></td>
<td></td>
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<tr>
<td>Varicella #2</td>
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</tbody>
</table>

-OR-

Provide a copy of the original lab report that verifies immunity

**Tetanus/diphtheria/pertussis (Tdap) – one dose in last 10 years; Tetanus/diphtheria every 10 years**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
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<tbody>
<tr>
<td>Tdap</td>
<td></td>
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<tr>
<td>Td</td>
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</table>

**Hepatitis B: (3) vaccine series and positive antibody titre (titer is required); positive titer acceptable if unable to produce dates for Hepatitis B series; provide lab report for titer**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B #1</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B #2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B #3</td>
<td></td>
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</tbody>
</table>

**Positive Hepatitis B Surface Antibody titer**  **Date:** ______________________
Negative Hepatitis B antibody titre results must follow algorithm for boosters and repeat titer(s). See the Requirements and Forms page of the Student Health Website, in the Health Science Student section, Hepatitis B Titer Protocol. Send records of additional Hepatitis B vaccines and titers.

**Tuberculosis (TB) Screening:** 2-step TST (TB skin Test) OR IGRA (Interferon Gamma Release Assay- Quantiferon or T spot) required upon admission to your program

<table>
<thead>
<tr>
<th>TST</th>
<th>Date placed: _____________________</th>
<th>Date read: _____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result:</td>
<td>mm induration: __________________</td>
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-OR-

<table>
<thead>
<tr>
<th>IGRA</th>
<th>Date: _____________________</th>
<th>Result: _____________________</th>
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</table>

**Students with history of a positive TB skin test or IGRA:**
- Must provide a copy of chest x-ray report and if applicable, treatment records for latent TB infection
- Complete a TB symptom assessment form, on the Requirements and Forms page of the Student Health website

**Health Screen Form:** Health Care Provider complete and sign the form on the Requirements and Forms page of the Student Health website, Health Science Student section

Complete and send the separate health screen form with this Requirements form

**Health Care Provider or Immunizing Official (SIGNATURE IS REQUIRED):**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature</th>
<th>Printed name</th>
</tr>
</thead>
</table>

| Date: | _____________________ |

| Office name or stamp: | _____________________ |