



Health Science Student Requirements Form (OPTIONAL)

These requirements are for students starting their first semester of the following academic programs:

Medicine Nursing Dentistry Pharmacy Physician Assistant Nurse Midwife

Masters Clinical Nutrition Perfusion Physical Therapy Radiation Science EMT/Paramedic

Athletic Training (submit to your coordinator as directed) Speech Pathology (check with your coordinator for timing)

This form can be used simply as a worksheet as it is a good checklist of all the things you need to complete. An official immunization record from your health department and/or medical records are also acceptable ways to send in this information. If you attended the UI as an undergraduate, check your MyUI to make sure we have all needed information. Test/Lab results require submission of the lab/test report indicating results. If you submit this form as your only record, it must be signed by your health care provider.

Last Name: _____ First Name: _____

Birthdate: _____ UID #: _____

MMR (Measles, Mumps, Rubella): Any combination of 2 individual/combined vaccines for each disease, at least 28 days between vaccine doses with the 1st vaccine given no sooner than 1 year after date of birth; OR lab result report(s) indicating positive antibody titers for MMR (all three diseases)

ANY COMBINATION OF THE FOLLOWING:

MMR or MMRV #1 Date: _____ MMR or MMRV #2 Date: _____

Measles #1 Date: _____ Mumps #1 Date: _____ Rubella #1 Date: _____

Measles #2 Date: _____ Mumps #2 Date: _____ Rubella #2 Date: _____

OR

SUBMIT Positive Measles titer **lab report** SUBMIT Positive Mumps titer **lab report** SUBMIT Positive Rubella titer **lab report**

Varicella (Chicken Pox): 2 Varicella vaccines, at least 28 days apart, or lab result report indicating positive antibody titer. If you had varicella disease as a child, you must still have a titer to document immunity if not (2) vaccines.

Varicella or MMRV #1 Date: _____ Varicella or MMRV #2 Date: _____

OR

SUBMIT Positive Varicella titer **lab report**

Tetanus/diphtheria/pertussis: If record of Tdap in your past, you just need to have documentation of a Td within the past 10 years.

If no record of Tdap in your past, then Tdap vaccine is required.

Tdap Date: _____

Td Date: _____

Hepatitis B: Hepatitis B Vaccines (a series with 2 or 3 vaccines) AND positive Hepatitis B Surface Antibody Titer lab result report. If unable to provide documentation/dates of vaccines, a positive Hepatitis B Surface Antibody Titer alone will meet this requirement. If you a non-hepatitis B responder, booster vaccine(s) and a repeat titer must follow Student Health timelines/guidelines. If you are not immune to Hepatitis B after 2 rounds of the Hepatitis B Vaccine Series with titers, please provide documentation from your medical provider. **You are considered to have met this requirement once you have positive titer status or have completed 2 rounds of Hepatitis B vaccinations and still have a negative titer.**

Note Engerix B vaccine is a 3-dose series and Heplisav B vaccines is a 2-dose series.

Hepatitis B #1 Date: _____

Hepatitis B #2 Date: _____

Hepatitis B #3 Date: _____ **AND** A positive Hepatitis B Surface Antibody Titer lab report

If needed Hepatitis B #4 Date: _____

Hepatitis B #5 Date: _____

Hepatitis B #6 Date: _____ **AND** A positive Hepatitis B Surface Antibody Titer lab report

OR

SUBMIT Positive Hepatitis B Surface Antibody Titer lab report

OR

Submit medical provider documentation of lack of Hepatitis B immunity (negative or nonreactive titers) after (2) complete Hepatitis B vaccine series

Tuberculosis (TB) Screening: A two-step TB Skin Test (TST) or a negative TB blood test - Interferon Gamma Release Assay (IGRA) – QuantiFERON Gold or T-Spot lab result report performed in the United State within the calendar year of your program start. If you have received a Bacille Calmette-Guerin (BCG) Vaccine, given in some foreign countries as a child, you must get a blood test, not a TST. Having documentation of 2 TSTs within the last calendar year will meet this screening requirement. Documentation of 1 negative TST in the last calendar year requires you to get an additional TST. Documentation of 2 negative TSTs more than a calendar year ago requires you to get an additional TST. Submit all records of past TSTs.

Two-step TB Skin Test (TST) is done as follows: The first test is placed, and results are read within 48-72 hours after placement. There must be at least 7 days between the placement date of the first TST and the placement date of the second TST. The second test is placed, and results are read within 48-72 hours after placement. Placement date, read date, result and induration are all required for acceptable documentation.

TST #1 Placement Date: _____ Read Date: _____ Result: _____ Induration: _____ mm

TST #2 Placement Date: _____ Read Date: _____ Result: _____ Induration: _____ mm

OR

Submit an IGRA – QuantiFERON Gold – T-Spot blood test lab report performed in the United States within the calendar year of your program start

History of Positive TB Screening Test: If you have a positive TST or TB Blood Test in the past, please provide documentation of the following:

- Submit positive test result
- Submit chest x-ray report
- Print out and complete the following TB Assessment Form:

<https://studenthealth.uiowa.edu/assets/Tuberculosis-Assessment-Form-v3.pdf>

Additionally, if you have been treated for LTBI (Latent TB Infection), please provide documentation of the following:

- Medication information
- Treatment dates

Health Screening: Complete and submit the following Health Screening information at the start of your Health Science program. Can be signed by RN, ARNP, PA, DO or MD. Note that this specific form IS NOT required by the College of Medicine, College of Dentistry, Masters of Clinical Nutrition, EMT, or Speech Pathology programs. All other health science programs request that you complete it. Check with your program coordinator if needed.

Have appropriate medical staff review the contents of this form, test/lab results, vaccine dates and Health Screening information before they sign at the bottom of the next page. This form is also a link on our website in the Health Science student section.

Age: _____ Place of birth: _____



NO YES

Are you currently being treated by a health care professional for any condition(s)?

NO YES

Are you taking any medications regularly or as needed (other than aspirin/Tylenol)?

Medical History

NO YES

Contagious skin rashes? _____

NO YES

Other than at birth, have you ever had hepatitis or other liver disease? List: _____

NO YES

Do you have any other medical conditions not mentioned above? _____

Student Signature

Date



I have reviewed the contents of this from, test/lab results, vaccine dates, screened this patient and found them to be free of communicable illness (RN, ARNP, PA, DO or MD).

Printed Name: _____

Signature: _____

Date: _____ Email this form and **copies of lab/titer results** to: immunizations@healthcare.uiowa.edu

Office Stamp: