UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE IMMUNIZATION RECORD

Congratulations on your acceptance into medical school. This document contains immunization and other health requirements that must be met prior to the start of classes. Please read the following instructions carefully, and have your personal health care provider fill out the attached form. If you have questions, call the Student Health Office at 803-434-2479. Thank you.

- ❑ **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 information **must be submitted in English.**
- ❑ **MEASLES, MUMPS, RUBELLA:** Documentation of two doses of MMR vaccine is required for students born after January 1, 1957. A copy of laboratory report(s) in English with evidence of immunity to Measles, Mumps, and Rubella may be submitted in place of immunization records. Students without documentation of immunization, whose laboratory testing does not indicate immunity should contact the Student Health Office for guidance on appropriate next steps.
- ❑ **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. Proof of immunity may be submitted alone for students who have been immunized for hepatitis B but do not have documentation. Students who have not yet completed the series should receive the first two (2) doses of the series and indicate these dose dates. Students may complete the third dose of the series and undergo serologic testing during their first semester at the Student Health Office; vaccine and titer fees will apply.
- ❑ **VARICELLA:** Students must present proof of immunity to Varicella (chicken pox) in one of two forms: (1) receipt of two doses of varicella immunization administered at least one month apart or (2) laboratory documentation of immunity to varicella. Students who have not previously been immunized and who do not have laboratory proof of immunity should complete the two-dose vaccination series.
- ❑ **TETANUS/TDAP:** Students must provide documentation. of receipt of one dose of Tdap (tetanus, diphtheria, acellular pertussis) immunization within the past three years. The only exception to this requirement is for those who received the old tetanus/diphtheria (Td) immunization within the previous two years, as Td and Tdap immunization should be separated by at least two years.
- ❑ **POLIO:** Documentation of three doses IPV or OPV is required. If vaccine records are not available there are two options: (1) proof of immunity by titer may be substituted send copy of lab results or (2) a polio waiver form may be signed and submitted to student health.
- ❑ **TUBERCULOSIS SCREENING:** Screening for tuberculosis exposure is a **tuberculin skin test performed within the last 3 months**. Students with a previous history of a positive tuberculosis skin test must submit a completed TB Symptom Survey (available from the Student Health Office) and a chest X-ray report obtained with three years of entry. Skin testing is not necessary for these students.
- ❑ **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**: There is space available on the attached form for a health care provider to describe medical contraindications to any of the required immunizations. This statement will not be accepted if it does not meet the standards of care at The University of South Carolina School of Medicine. 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 Student Health Office.
  - **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.

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Please complete and return this form along with any necessary attachments. A healthcare provider (licensed physician, nurse, or physician assistant) must sign the form. The form and all supporting documentation must be submitted at least 60 days prior to beginning coursework or rotations at the University of South Carolina School of Medicine. Some required immunization series require multiple visits to complete, so it is advisable to initiate this process as soon as possible. Finally, please be aware that **ALTERNATIVE FORMS OR RECORDS WILL NOT BE ACCEPTED.**

Last name: ______________________________ First name: ________________________

Date of birth (MM/DD/YEAR)____________ Preferred Telephone Number: _____________________________

E-mail: ___________________________________ Year of anticipated medical school graduation: _______________

<u>REQUIRED INFORMATION</u> – NOTE: IF THE REQUESTED IMMUNIZATION INFORMATION IS NOT AVAILABLE FOR A CONDITION, SEROLOGIC PROOF OF IMMUNITY MAY BE SUBMITTED INSTEAD. APPROPRIATE LABORATORY REPORTS MUST BE ATTACHED TO THIS FORM.

MEASLES, MUMPS, RUBELLA Two doses of MMR required, unless born prior to 1957 OR MMR titers	Date of first dose: ________________ Date of second dose: ______________ OR □ Copy of titer attached
POLIO At least three doses of IPV or OPV. If more than three doses were given, list the last three. Other options: 1. Proof of immunity by a polio titer 2. Sign and submit waiver to student health	Date of first dose: _________________ Date of second dose: _______________ Date of third dose: _________________ OR □ Copy of titer attached OR □ Waiver signed
TETANUS, DIPTHERIA, PERTUSSIS Tdap required unless contraindicated because Td has been received within the past two years.	Date of most recent immunization: ________________ Which vaccine? Td OR Tdap
VARICELLA ZOSTER (CHICKEN POX) Two doses of Varicella vaccine, at least one month apart. or Varicella titer	Date of first dose: ______________ Date of second dose: ____________ OR □ Copy of titer attached
HEPATITIS B Three doses at 0, 1-2, and 4-6 months. NOTE: ATTACH COPY OF HEPATITIS B SURFACE ANTIBODY REPORT FOR STUDENTS WHO HAVE COMPLETED THE SERIES.	Date of first dose: ________________ Date of second dose: ______________ Date of third dose: ________________ □ Copy of surface antibody titer attached (If series has been completed)

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TUBERCULOSIS SCREENING Skin testing must be completed within 3 months of the date this form is submitted. Results must be reported in millimeters of induration. If no induration, record 0. 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 the previous three years is required. A copy of the X-ray report must be attached, along with a copy of the TB questionnaire (available from Student Health Office). Repeat skin testing is not required of students with a previous positive ppd.	Date of ppd placement: ________________ Date read: ____________________ Result: _______ mm induration OR □ Chest X-ray report attached AND □ Completed TB Symptom Survey attached

RECOMMENDED IMMUNIZATIONS (These immunizations are recommended but not required. If they have been received, please provide the dates.)

1. Meningococcal vaccine ____

2. Hepatitis A vaccine ____

Allergies and Contraindications to Immunizations (attach separate sheet if needed)

1. List all drug, vaccine, latex, or food allergies: ____

2. If any of the requirements on this form are contraindicated, please explain: _________________________

    ____

Policy on Viral Hepatitis and HIV/AIDS: The USC School of Medicine does not require testing for HIV or viral hepatitis. However, knowledge of one's own HIV and hepatitis status is strongly encouraged for students who will be performing invasive procedures that might put patients or other persons at risk of infection, and have reason to believe they may have been exposed to these infections.

The University of South Carolina School of Medicine does not discriminate against students on the basis of hepatitis or HIV infection. However, students who know they are infected with HIV or hepatitis or believe they may be infected with HIV have an ethical obligation to disclose this information so that appropriate duty modifications can be made, if necessary (see AMA policy H-20.912, available at Shortcut to: http://www.ama-assn.org/apps/pf_new/pf_online?f_n=resultLink&doc=policyfiles/HnE/H0.912.HTM&s_t=hiv&catg=AMA/HnE&catg=AMA/BnGnC&catg=AMA/DIR&&nth=1&&st_p=0&nth=13&).

Information on Certifying Health Care Provider (Physician, Nurse, or Physician Assistant)

Name: ____

Degree: ____

Address: ____

Phone: ____

Signature: ____ **Date:** _______________

Please return to: USC SOM, Office of Admissions & Enrollment Services, Building 3, Columbia, SC 29208.