**UNIVERSITY** **OF** **LOUISVILLE** **IMMUNIZATION** **COMPLIANCE** **FORM**

STUDENT/EMPLOYEE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRIMARY CONTACT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_\_\_ ANTICIPATED YEAR OF GRADUATION\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM : □ DENTISTRY □DENTAL HYGIENE □RESIDENT RESIDENCY PROGRAM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** **Please** **attach** **copies** **of** **all** **supporting** **documentation** **such** **as** **an** **official** **certificate** **of** **immunization,** **a** **photocopy** **of** **an** **immunization** **certificate** **and/or** **lab** **reports** **for** **all** **titers** **(blood** **work).**

**2.** **Return** **materials** **to** **ljstok02@louisville.edu** **or** **mail** **to** **Dept. of Surgical & Hospital Dentistry, School** **of** **Dentistry,** **Room** **148,** **University of Louisville, Louisville,** **KY** **40292**

**3.** ***FAILURE TO COMPLY MAY RESULT IN SUSPENSION FROM YOUR PROGRAM OF STUDY.***

**Call** **502-852-5663** **for** **any** **questions** **regarding** **your** **immunization** **records** **or** **requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE ONLY | REQUIRED | TELL ME MORE ABOUT THIS | DEADLINE |
| TDAP *1* *Adult* *Tdap* *vaccine(Tetanus,* *Diphtheria,* *Pertussis)* |
|  | MMR | *Documentation* *of* *serologic* *immunity* *OR**2* *MMR* *vaccines* *(2* *doses* *Measles,* *2* *doses* *Mumps* *and* *one* *dose* *Rubella* *if* *administered* *separately)* |  |
|  | Hepatitis B | *3* *doses* *vaccine* *followed* *by* *a* *Hepatitis* *B* *Surface* *Antibody* *titer* *reported* *with* *a* *quantitative* *value* *result* |
|  | Varicella | *2* *doses* *vaccine* *or* *positive* *antibody* *titer.* *Indeterminate* *titers* *require* *one* *dose* *vaccine.* |
|  | Baseline and Annual TB testing required. | ***No previous TST or your testing has elapsed >14 months-****Complete* *two* *TSTs,* *at* *least* *one* *week* *apart.****No prior history of positive TST******-****Proof* *of* *two* *annually* *consecutive* *TSTs:*  *one within 90 days of* *your start date,* ***OR****-Interferon* *Gamma* *Release* *Assay* *(IGRA)* *(Quantiferon* *TB* *Gold* *or* *T-spot)* *within* *90* *days* *of* *your* *start* *date.****Prior history of (+) TST or IGRA, or active TB******-****Provide* *documentation* *of* *positive* *test* *results,* *medication* *treatment,* *and* *latest* *Chest* *x-ray* *report.**-If* *you* *received* *the* *BCG* *vaccine* *and* *your* *first* *or* *second* *TST* *were* *“positive”* *you* *will* *need* *to* *obtain* *an* *IGRA* *blood* *test.**-Complete* *TB* *Questionnaire* *(TBQ)* *upon* *starting* *and* *on* *an* *annual* *basis.* |
|  | Hepatitis A (recommended) | *2* *doses* *vaccine(recommended,* *but* *not* *required)* |
|  | Pending Vaccine Documentation | *You* *will* *be* *contacted* *by* *e-mail* *once* *documents* *are* *reviewed* *and* *additional* *documentation* *may* *be* *requested* *by* *Campus* *Health* *Services.* |  |