

Student/Employee ULINK ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City, State Zip Code

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  @cardmail.louisville.edu  
 @louisville.edu

Program:  Medicine  Dentistry  Dental Hygiene  Nursing  
 Speech  Audiology  Visiting  Other: \_\_\_\_\_

**Required Immunizations and Testing**

|  |   |   |
|--|---|---|
| <b>Tetanus-Diphtheria Acellular Pertussis (Tdap)</b><br><b>Requirement:</b><br>1 dose of vaccine within last 10 years. <b>(Not Td vaccine)</b>   |   | <b>Tdap Date:</b> _____<br><b>(Not Td vaccine)</b>  |
| <b>Measles-Mumps-Rubella (MMR)</b><br><b>Requirement:</b><br>Measles 2 doses of vaccine or positive titer<br>Mumps 2 doses of vaccine or positive titer<br>Rubella 1 dose of vaccine or positive titer                                     |   | MMR Dose 1: _____<br>MMR Dose 2: _____<br><b>OR</b><br>Measles Titer: _____<br>Mumps Titer: _____<br>Rubella Titer: _____   |
| <b>Hepatitis B Vaccine (Hep B)</b><br><b>Requirement:</b><br>3 doses of vaccine followed by positive titer; if titer negative will require up to 3 additional doses of Hepatitis B vaccine followed by Hepatitis B antigen and/or antibody |   | Hepatitis B Dose 1: _____<br>Hepatitis B Dose 2: _____<br>Hepatitis B Dose 3: _____<br><b>AND</b><br>Hepatitis B Titer: _____   |
| <b>Varicella (Chickenpox) Vaccine</b><br><b>Requirement:</b><br>2 doses of vaccine or positive antibody titer  |   | Varicella Dose 1: _____<br>Varicella Dose 2: _____<br><b>OR</b><br>Varicella Titer: _____   |
| <b>Tuberculosis Screening (PPD or TST testing)</b>   | <b>No previous TST or your last TST was more than 14 months ago regardless of BCG history:</b> Complete two TSTs at least one week apart within 90 days of your start date  | PPD 1: _____<br>PPD 2: _____  |
|  | <b>No prior history of positive TST with history of annual testing:</b> Proof of two annually consecutive TSTs and the most recent one is : one within 90 days of your start date   | <b>OR</b>   |
|  | <b>Prior History of positive TST, IGRA or Tuberculosis:</b><br>1. Provide documentation of positive test results, medication and/or treatment as well as a chest Xray report <b>within 60 days of your start date.</b><br>2.. Complete TB Questionnaire (TBQ) upon starting and annually thereafter | IGRA (Quantiferon or T Spot) _____<br><b>OR</b><br>CXR (within 60 days of start) _____<br>Treatment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Seasonal Flu Vaccine** *Flu vaccine is required for all clinical trainees from October 1 through March 31 each year. The vaccine is only available beginning in September each year. You will be notified when it becomes available annually.*

1. Make sure your name and date of birth are clearly visible on every document you submit.
2. Place immunization tracking form at the **FRONT** of all supporting documentation such as an official immunization certificate, immunization records and/or lab reports.
3. Return materials via fax 502-852-6649 or email [immunize@louisville.edu](mailto:immunize@louisville.edu)
4. Immunization compliance office 502-852-2708 for any questions.