UofL Campus Health Services

Immunization Program Health Sciences Center 502-852-2708

Immunization Compliance Form for Graduate Medical Education Programs

Name:				DOB:/
	Last	First	Middle	
Day Telephone: ()	Email:		
Residency/Fellowship Program Name:				
In addition to completing this form, you MUST upload it and all supporting documentation to the MedHub site.				
Required Immunizations and Testing				
Tetanus-Diphtheria Acellular Pertussis (Tdap)				
Requirement: 1 Dose of vaccine within the last 10 years			Tdap Date:	/
Measles-Mumps-Rubella (MMR)			MMR Dose 1: MMR Dose 2:	//
Requirement:			WINK Dose 2.	
Measles Mumps Rubella	ps 2 doses of vaccine or positive titer		Measles Titer: Mumps Titer: Rubella Titer:	OR // //
Hepatitis B Vaccine (Hep B) Requirement:Hepatitis B QUANITATIVE Surface Antibody after three doses of vaccine		Hepatitis B Dose 1: Hepatitis B Dose 2: Hepatitis B Dose 3: (REQUIRED) Hepatitis B Titer:	// / AND	
Varicella (Chickenpox) Vaccine Requirement: 2 doses of vaccine or positive antibody titer		Varicella Dose 1: Varicella Dose 2: Varicella Titer:	OR	
	No previous TST or your last TST ago regardless of BCG history: C one week apart within 6 months of y	omplete two TSTs at least	PPD 1: PPD 2:	
Tuberculosis Screening (PPD or TST testing)	Last TST was performed within 14 Complete TST within 6 months prior of TST immediately prior to most red	to start date and supply copy	ICPA	OR
(Campus Health Services reserves the right to request additional documentation and/or testing)	Prior History of positive TST, IGRA Provide documentation of positive and/or treatment as well as a che days of your start date. If you received the BCG vaccine a positive you will need to obtain a Complete TB Questionnaire (TBC thereafter)	e test results, medication est X-ray report within 60 and your first or second TST n IGRA blood test.	IGRA (Quantiferon or T Spot CXR (within 60 days of start) INH Start Date: INH Stop Date	OR/
Respirator Fit Testing	Fit testing for 3M 1860 or 1860S N95 res residency start date.	spirator within 3 months of	Fit Testing:	/
	CHECK WITH YOUR RESIDENCY COO			
Covid-19 Vaccination	2 doses of vaccine AND Booster vaccine Documentation must include vaccine administration.		Covid-19 Dose 1: Covid-19 Dose 2: Covid-19 Booster	/