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) **Requirement:** Measles 2 doses of vaccine or positive titer Mumps 2 doses of vaccine or positive titer Rubella 1 dose of vaccine or positive titer		MMR Dose 1: _____/_____/_____ MMR Dose 2: _____/_____/_____ OR Measles Titer: _____/_____/_____ Mumps Titer: _____/_____/_____ Rubella Titer: _____/_____/_____
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: _____/_____/_____ **AND** **(REQUIRED)** Hepatitis B Titer: _____/_____/_____
Varicella (Chickenpox) Vaccine **Requirement:** 2 doses of vaccine or positive antibody titer		Varicella Dose 1: _____/_____/_____ Varicella Dose 2: _____/_____/_____ **OR** Varicella Titer: _____/_____/_____
Tuberculosis Screening	Quantiferon Gold TB Blood testing is required upon arrival to University of Louisville. Submission of a Quantiferon Gold or T-Spot lab report within 3 months of your start date is acceptable.	IGRA (Quantiferon or T Spot) _____/_____/_____
Respirator Fit Testing	Fit testing for 3M 1860 or 1860S N95 respirator within 3 months of residency start date. CHECK WITH YOUR RESIDENCY COORDINATOR FOR SCHEDULING	Fit Testing: _____/_____/_____
Covid-19 Vaccination	2 doses of Pfizer/Moderna Vaccine **OR** 1 dose J&J Vaccine *Covid-19 Booster vaccinations are highly recommended.*	Covid-19 Dose 1: ____/____/_____ Covid-19 Dose 2: ____/____/_____ Covid-19 Booster ____/____/_____