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| **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.**  |

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| **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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ORMeasles 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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |