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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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |