

## Immunization Compliance Form

### UofL and Visiting Student Clinical Programs

(Please Print)

Name: \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Last

First

Middle

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Ulink ID \_\_\_\_\_

- Program:**
- |   |   |
|---|---|
| <input type="checkbox"/> Medicine       | <input type="checkbox"/> Speech           |
| <input type="checkbox"/> Dentistry      | <input type="checkbox"/> Audiology        |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Visiting Student |
| <input type="checkbox"/> Nursing        | <input type="checkbox"/> Other: _____     |

### 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	OR  Measles Titer: ____/____/____ Mumps Titer: ____/____/____ Rubella Titer: ____/____/____
Mumps	2 doses of vaccine or positive titer	
Rubella	1 dose of vaccine or positive 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**  
 Hepatitis B Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Varicella (Chickenpox) Vaccine**  
 Requirement:  
 2 doses of vaccine or positive antibody titer

Varicella Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Varicella Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
**OR**  
 Varicella Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Tuberculosis Screening (PPD or TST testing)</b>  (Campus Health Services reserves the right to request additional documentation and/or testing)	<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: ____/____/____ PPD 2: ____/____/____
	<b>Last TST was performed within 14 months of start date</b> Complete TST within 90 days prior to start date and supply copy of TST immediately prior to most recent TST.	<b>OR</b>
	<b>Prior History of positive TST, IGRA or Tuberculosis:</b> 1. Provide documentation of positive test results, medication and/or treatment as well as a chest X-ray report <b>within 60 days of your start date.</b> 2. If you received the BCG vaccine and your first or second TST positive you will need to obtain an IGRA blood test. 3. Complete TB Questionnaire (TBQ) upon starting and annually thereafter	IGRA (Quantiferon or T Spot) ____/____/____  <b>OR</b>  CXR (within 60 days of start) ____/____/____ INH Start Date: ____/____/____ to INH Stop Date ____/____/____

**Covid-19 Vaccination**

2 doses of Pfizer/Moderna vaccine.  
**OR**  
 1 dose of J&J vaccine.  
*Covid-19 Booster vaccination are highly recommended.*

Covid-19 Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Covid-19 Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Covid-19 Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 September each year. You will be notified when it becomes available annually.*

**Upload completed form AND supporting documents to Campus Health Student Portal at**  
<https://louisvilleportal.pointnclick.com/>  
**Login using your ULINK email and password (A0BCDE@louisville.edu)**