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-Diphther	ia Acellular Pertussis (Tdap)			
Requirement: 1 Dose of vaccine within the last 10 years			Tdap Date:	/
Measles-Mumps-Rubella (MMR)			MMR Dose 1:	//
Requirement:			MMR Dose 2:	/
Measles Mumps Rubella	2 doses of vaccine or positi 2 doses of vaccine or positi 1 dose of vaccine or positiv	ve 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:	//
Varicella (Chickenpox) Vaccine Requirement:			Varicella Dose 1: Varicella Dose 2:	
·				OR
2 doses of vaccine or positive antibody titer			Varicella Titer:	/
Tuberculosis Screening	Quantiferon Gold TB Blood testi University of Louisville. Submission of a Quantiferon Go months of your start date is acce	ld or T-Spot lab report within 3	IGRA (Quantiferon or T Spo	/
Respirator Fit Testing	Fit testing for 3M 1860 or 1860S N9 residency start date. CHECK WITH YOUR RESIDENCY	5 respirator within 3 months of 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 I		Covid-19 Dose 1: Covid-19 Dose 2: Covid-19 Booster	