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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Last First Middle    **Day Telephone**: (\_\_\_­­\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ulink ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Program:** ❑ Medicine ❑ Speech  ❑ Dentistry ❑ Audiology  ❑ Dental Hygiene ❑ Visiting Student  ❑ Nursing ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_ |

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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 (PPD or TST testing)**  (Campus Health Services reserves the right to request additional documentation and/or testing) | **No previous TST or your last TST was more than 14 months ago regardless of BCG history:** Complete two TSTs at least one week apart within 6 months of your start date | PPD 1: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  PPD 2: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **OR**    IGRA \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  (Quantiferon or T Spot)  **OR**    CXR (within 60 days of start) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  INH Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **TO**  INH Stop Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Last TST was performed within 14 months of start date**  Complete TST within 6 months prior to start date and supply copy of TST immediately prior to most recent TST. |
| **Prior History of positive TST, IGRA or Tuberculosis:**  1. Provide documentation of positive test results, medication and/or treatment as well as a chest X-ray report **within 60 days of your start date.**  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 |
| **Covid-19 Vaccination** | 2 doses of vaccine **AND** Booster vaccination dose  **Documentation must include vaccine brand and date of administration.** | 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/**](https://louisvilleportal.pointnclick.com/)

**Login using your ULINK email and password (A0BCDE@louisville.edu)**