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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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 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 (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)**