

Student/Employee ULINK ID: _____ Social Security Number: _____

Name: _____ Birth Date: ____/____/____
Last First Middle

Address: _____
Street City, State Zip Code

Day Telephone: (____) _____ Email: _____ @cardmail.louisville.edu
 @louisville.edu

Program: Medicine Dentistry Dental Hygiene Nursing
 Speech Audiology Visiting Other: _____

Required Immunizations and Testing

Tetanus-Diphtheria Acellular Pertussis (Tdap) Requirement: 1 dose of vaccine within last 10 years. (Not Td vaccine)		Tdap Date: _____ (Not Td vaccine)
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: 3 doses of vaccine followed by positive titer; if titer negative will require up to 3 additional doses of Hepatitis B vaccine followed by Hepatitis B antigen and/or antibody		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: _____
Tuberculosis Screening (PPD or TST 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 90 days of your start date	PPD 1: _____ PPD 2: _____
	No prior history of positive TST with history of annual testing: Proof of two annually consecutive TSTs and the most recent one is : one within 90 days of your start date	OR
	Prior History of positive TST, IGRA or Tuberculosis: 1. Provide documentation of positive test results, medication and/or treatment as well as a chest Xray report within 60 days of your start date. 2.. Complete TB Questionnaire (TBQ) upon starting and annually thereafter	IGRA (Quantiferon or T Spot) _____ OR CXR (within 60 days of start) _____ Treatment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Make sure your name and date of birth are clearly visible on every document you submit.
2. Place immunization tracking form at the **FRONT** of all supporting documentation such as an official immunization certificate, immunization records and/or lab reports.
3. Return materials via fax 502-852-6649 or email immunize@louisville.edu
4. Immunization compliance office 502-852-2708 for any questions.