Health Requirements for Matriculation 2018

For your protection and that of patients with whom you will come in contact during training, all applicants must meet established health requirements. **REFER TO PROGRAM REQUIREMENTS FOR DUE DATE OF IMMUNIZATION DOCUMENTATION!**

Please print the Immunization Checklist form, ensure all required and applicable documentation is attached, and send the documents to IUPUI Campus Health via healthsv@iupui.edu include Last Name, First Name and Program as the Subject.

1. **Health Evaluation Form:** To be completed and signed by a physician or provider (M.D., D.O., N.P., P.A.) upon completion of physical examination and any applicable laboratory testing.

2. **Immunization Checklist Form:**

   **Copies of clinical records MUST be attached for each vaccine or lab test to be considered VALID.**

   - **Hepatitis B** – The vaccine is administered in a series of 3 injections at 0, 1, and 6 months. Applicants admitted at least 6 months prior to the beginning of program must provide documentation of completion of the series **OR** proof of an immune Hepatitis B antibody titer. Applicants admitted later must at least provide documentation of starting the series prior to start date. All applicants must show evidence of having begun the series at the time this form is due.
   
   - **Measles, Mumps, Rubella** (MMR) – Proof of 2 vaccinations at least 28 days apart **OR** proof of an immune antibody titer for EACH disease is required. *If you have received individual vaccinations for Measles, Mumps, or Rubella, proof of 2 vaccinations for each individual disease is required.*
   
   - **Meningitis** – One Meningococcal ACWY vaccine is required.
   
   - **Tetanus/Diphtheria and Acellular Pertussis** (Tdap) – One vaccine (first available in 2005) is required.
   
   - **Tetanus Booster** (Td) – One booster is required every 10 years.
   
   - **Varicella** (Chicken Pox) – Proof of 2 vaccinations at least 28 days apart **OR** an immune Varicella antibody titer is required. Having the disease as a child is not proof of immunity unless written documentation from treating physician is provided.
   
   - **Tuberculosis** – Prior to beginning classes, new applicants must have two completed Tuberculin Skin Tests (TST), if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥ 10 days apart. Step 1 must be within 18 months of matriculation and step 2 must be after May 1, 2018. One interferon gamma release assay (IGRA) completed after May 1, 2018 may be substituted for the 2 TSTs. Also, if there is a known history of BCG vaccination, an IGRA blood test is preferred over TST placements.

   The following **must** be included on the TST documentation in order to be considered valid:
   
   1. DATE and TIME of Placement
   2. DATE and TIME of Reading  
      *(must be within 48-72 hours of placement)*
   3. Results recorded in “mm”
   4. Placement/Read/Documentation signed by certified medical personnel

   **EXAMPLE OF VALID DOCUMENTATION:**

<table>
<thead>
<tr>
<th>Date Placed</th>
<th>Time Placed</th>
<th>PPD Lot #</th>
<th>Exp Date</th>
<th>Location</th>
<th>Placed By</th>
<th>Date Read</th>
<th>Time Read</th>
<th>Results (mm)</th>
<th>Read By</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/18</td>
<td>1601</td>
<td>123456</td>
<td>12/2018</td>
<td>LFA</td>
<td>RAF, RN</td>
<td>01/05/18</td>
<td>1246</td>
<td>0mm</td>
<td>TPW, LPN</td>
</tr>
</tbody>
</table>

   IF history of a positive TST or IGRA: Documentation and evidence of a chest x-ray and medical treatment must be provided. A TB Symptom Questionnaire located on the IUPUI Campus Health website ([http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml](http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml)) must also be completed and submitted with your documentation.

FYI – All applicants will be required to participate in annual academic year TB Surveillance, Flu vaccination, and TB Respirator FIT Testing while attending IU School of Medicine.

You will be contacted via your IU email once your documentation is received and reviewed.
**Copies of clinical records MUST be attached for each vaccine dose or lab test**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Requirement</th>
<th>Evidence of Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>THREE doses</td>
<td>a positive antibody titer (HBsAb)</td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>TWO doses</td>
<td>a positive antibody titer (IgG) for each</td>
</tr>
<tr>
<td>Meningitis (Meningococcal ACWY)</td>
<td>ONE dose</td>
<td></td>
</tr>
<tr>
<td>Tdap (Tetanus/Diphtheria and Acellular Pertussis)</td>
<td>ONE dose</td>
<td>from 2005-forward.</td>
</tr>
<tr>
<td>Td Booster (Tetanus/Diphtheria)</td>
<td>ONE dose</td>
<td>every 10 years.</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>TWO doses</td>
<td>a positive antibody titer (IgG)</td>
</tr>
</tbody>
</table>

- New applicants must have two completed Tuberculin skin tests (TST) if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥ 10 days apart. **DATE/TIME of TST placement, DATE/TIME of TST read within 48-72 hours, and results recorded in “mm” MUST be recorded on the attached documentation or it is not valid**. One IGRA blood test (T-Spot or Quantiferon Gold) completed after May 1, 2018 may be substituted for the TSTs. If there is a known history of BCG vaccination, an IGRA blood test is preferred.

**TB Screening:** TWO TSTs are required (IF no history of positive TST) OR one IGRA blood test may be substituted

- IF history of a positive TST or IGRA: Documentation and evidence of any chest x-ray and medical treatment must be provided. A TB Symptom Questionnaire located on the IUPUI Campus Health website ([http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml](http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml)) must also be completed and submitted with your documentation.

**Positive History for TB Screening:** If documented history of positive TST or IGRA, documentation/evidence of the positive result, Chest X-Ray, and completed TB Symptom Questionnaire are required

- ANY Positive TST skin test or IGRA:

  - Follow Up Treatment: Chest XR TB Treatment?  Yes  No  TB Symptom Questionnaire