

# IU School GME 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 <a href="healthsv@iupui.edu">healthsv@iupui.edu</a> include Last Name, First Name and Program as the Subject.

#### **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.
- ✓ **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:**

Date Placed	Time Placed	PPD Lot #	Exp Date	Location	Placed By:	Date Read	Time Read	Results (mm)	Read By:
01/02/18	1601	123456	12/2018	LFA	RAF, RN	01/05/18	1246	0mm	TPW, LPN

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 (<a href="http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml">http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml</a>) must also be completed and submitted with your documentation.

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

You will be contacted via your IU email once your documentation is received and reviewed.



# IU School GME Student Immunization Checklist 2018

Name (PRINT LEGIBLY):			Date of Birth:	<i></i>
	LAST	FIRST	MI Mo	Day Year
Gender: M/F/T			)	
Start Date:/_	Department:	<u>IU</u> Email:		
IIIDIII Commus Hoolth and t		laration Statement	vaccinations. Failure to submi	t the engrepsiete
documentation may delay of	the School require you to provide doc or prevent your ability to start your pr	ogram. We highly recomme	end you submit your documenta	
possible. We are not response	onsible if you submit documentation a	t the last minute that does r	not meet requirements.	
**Copies of	clinical records <u>MUST</u> k	e attached for each	ch vaccine dose or la	b test **
Hepatitis B: THREE do	ses are required <b>OR</b> a positive ar	ntibody titer (HBsAb)		
Vacci	nations: #1 #2 #3	OR Evidence of	Immunity: Hepatitis B Titer	
MMR (Measles, Mumps,	Rubella): TWO doses are required	at least 28 days apart <b>O</b>	R a positive antibody titer (Ig0	G) for each
			easles Titer Mumps Titer	Rubella Titer
		, , , , , , , , , , , , , , , , , , ,		
Tdap (Tetanus/Diphtheri	ia and Acellular Pertussis): ONE do	se is required from 2005-fo	orward.	
Vac	ccination: #1			
Td Booster (Tetanus/Di	phtheria): ONE dose is required even	erv 10 vears.		
•	ccination: #1	, ,		
•	: TWO doses are required at least 2	· · · · · · · · · · · · · · · · · · ·	• • • •	
	nild is not proof of immunity unless written decinations: #1 #2 OR	ocumentation from treating phys Varicella Titer	cician is provided.  OR Documented History of Disease	
Vac	onations. #1 #2 OK	vancella Titel	Documented History of Disease	
<ul> <li>New applicants must ha the TSTs must be &gt; 10 or</li> </ul>	ive two completed Tuberculin skin tests ( days apart. DATE/TIME of TST placem	TST) if there is no documente	ed proof of a positive TST in the pa	st. The placement of
MUST be recorded on	the attached documentation or it is no	ot valid! One IGRA blood tes	t (T-Spot or Quantiferon Gold) con	
2018 may be substituted	d for the TSTs. If there is a known histor	y of BCG vaccination, an IGR	A blood test is preferred.	
TB Screening: TWO	TSTs are required (IF no history of p	ositive TST) OR one IGR	A blood test may be substitute	:d
Step 1: (not >18 months be	efore matriculation) Step 2: (fr	om May 1, 2018 forward )	OR an IGRA (from May 1, 2	2018 forward )
	,			
	positive TST or IGRA: Documentation a estionnaire located on the IUPUI Campu			
	ndex.shtml) must also be completed and			
Positive History for TB	Screening: If documented history of	positive TST or IGRA, docum	entation/evidence of the positive r	esult, Chest X-Ray.
	m Questionnaire are required	,		,
ANY Positive TST skin te		_		<u> </u>
Follow Up	Treatment: Chest XR	TB Treatment?	Yes No TB Sympto	om Questionnaire