For the protection of students and the patients with whom they will come in contact during training, all entering students 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

*PLEASE NOTE - When corresponding via email, include Last Name, First Name, Program, and Graduation year as the Subject

1. **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. Students admitted at least 6 months prior to the beginning of classes must provide documentation of completion of the series OR proof of an immune Hepatitis B antibody titer. Students admitted later must at least provide documentation of starting the series prior to attending class. All students 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 students 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>07/01/13</td>
<td>1501</td>
<td>123456</td>
<td>12/2015</td>
<td>LFA</td>
<td>RAF, RN</td>
<td>07/04/13</td>
<td>1246</td>
<td>0mm</td>
<td>TPW, LPW</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) must also be completed and submitted with your documentation.

   **FYI – All students will be required to participate in annual academic year TB Surveillance and Flu vaccination while attending IU School of Health and Rehabilitation Sciences.**

   **You will be contacted via your IU email once your documentation is received and reviewed.**
**Student Immunization Checklist 2018**

- **Name:** (PRINT LEGIBLY): ________________________ ______________________ ____________________  
  **Date of Birth:** _____/_____/____

- **Gender:** M / F / T  
  **Student ID#:___________________________  
  **Phone:**(_____)____________________

- **Program Start Date:** ______/______  
  **Graduating Class of:** _________  
  **IU Email:**_______________________________

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**Declaration Statement**

IUPUI Campus Health and the School require you to provide documentation of the following vaccinations. **Failure to submit the appropriate documentation may delay or prevent your ability to start your program.** We highly recommend you submit your documentation as early as possible. We are not responsible if you submit documentation at the last minute that does not meet requirements.

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**Copies of clinical records **MUST** be attached for each vaccine dose or lab test **

<table>
<thead>
<tr>
<th>Vaccination Requirement</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B:</strong> (THREE doses are required OR a positive antibody titer (HBsAb))</td>
<td>Vaccinations: #1 [ ] #2 [ ] #3 [ ] = OR Evidence of Immunity: Hepatitis B Titer [ ]</td>
</tr>
<tr>
<td><strong>MMR (Measles, Mumps, Rubella):</strong> (TWO doses are required at least 28 days apart OR a positive antibody titer (IgG) for each)</td>
<td>Vaccinations: #1 [ ] #2 [ ] = OR Evidence of Immunity: Measles Titer [ ] Mumps Titer [ ] Rubella Titer [ ]</td>
</tr>
<tr>
<td><strong>Meningitis (Meningococcal ACWY):</strong> (ONE dose is required.)</td>
<td>Vaccination: #1 [ ]</td>
</tr>
<tr>
<td><strong>Tdap (Tetanus/Diphtheria and Acellular Pertussis):</strong> (ONE dose is required from 2005-forward.)</td>
<td>Vaccination: #1 [ ]</td>
</tr>
<tr>
<td><strong>Td Booster (Tetanus/Diphtheria):</strong> (ONE dose is required every 10 years.)</td>
<td>Vaccination: #1 [ ]</td>
</tr>
<tr>
<td><strong>Varicella (Chicken Pox):</strong> (TWO doses are required at least 28 days apart OR a positive antibody titer (IgG))</td>
<td>Vaccinations: #1 [ ] #2 [ ] = OR Varicella Titer [ ] = OR Documented History of Disease [ ]</td>
</tr>
</tbody>
</table>

- **Varicella (Chicken Pox):** (TWO doses are required at least 28 days apart OR a positive antibody titer (IgG))
  - Having the disease as a child is not proof of immunity unless written documentation from treating physician is provided.
  - New students 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 PPD skin tests are required (IF no history of positive TST) OR one IGRA blood test may be substituted)
  - **Step 1:** (not >18 months before matriculation) [ ]  
  - **Step 2:** (from May 1, 2018 forward) [ ] OR an IGRA (from May 1, 2018 forward) [ ]

  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) 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 [ ]
IUPUI Campus Health Patient Portal Pre-Registration

It is important that the steps below are completed in chronological order.

PLEASE NOTE: If you have already been a patient at our clinic, you do not need to pre-register. Instead, please call 317-274-8214 to request your account be web-enabled or visit our website at http://health.iupui.edu/ to review and complete instructions regarding the Communication Authorization Form. Once web-enabled, you can review and/or update your information following steps 3 – 6 below.

1. Pre-Register as a patient by going to IUPUI Campus Health’s Patient Portal using the following link: https://health.eclinicalworks.com/IUPUICampusHealth. Click the Pre-Register button.

2. Fill out the starred demographic information in all three tabs and click ‘Submit’ when finished. You must provide an iupui.edu, iu.edu, or indiana.edu email address during registration!

3. IUPUI Campus Health will process your submitted registration, which may take several days. After your registration is complete, IUPUI Campus Health will send you an email with your username and temporary password to log into the IUPUI Campus Health Patient Portal. Once you receive your portal access credentials, log into the Patient Portal to complete the next step. Your temporary password will expire in 48 hours.
4. When logged into the Patient Portal, click “Immunizations Given in the Past” under Questionnaires located on the left hand side.

5. Complete the date fields (free text or use the calendar) next to the vaccines that you have received. Leave date fields blank if you have not had that vaccine. When finished, click Submit. (Any titers, TB Surveillance, and/or additional vaccinations will be entered by our office once your completed immunization packet and supporting documentation are received.)

6. Print and complete the applicable “Student Immunization Checklist”, and then scan to healthsv@iupui.edu. Please be sure to include your last name, first name, program, and graduating class in the subject line. You will receive an email once your documentation is received and reviewed.