

Name: _____, _____ PID: _____ College: COM CON CHM
 Last Name First Name

Birth Date: _____ Entering Semester: _____ Semester (Fall, Spring, or Summer) Year _____



Healthcare Professional Student (HCP) Immunization Form

Ref#	Vaccine	Dates			Titer	Disease	Information Source	
1	Measles (Rubeola)	M / D / YYYY	M / D / YYYY		/ / M D YYYY Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	/ / M D YYYY		
2	Mumps	M / D / YYYY	M / D / YYYY		/ / M D YYYY Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	/ / M D YYYY		
3	Rubella	M / D / YYYY	M / D / YYYY		/ / M D YYYY Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	/ / M D YYYY		
4	Varicella (Chickenpox)	M / D / YYYY	M / D / YYYY		/ / M D YYYY Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	/ / M D YYYY		
5	Hepatitis B	M / D / YYYY	M / D / YYYY	M / D / YYYY	/ / M D YYYY Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	/ / M D YYYY		
6	ADULT - Tdap Tetanus, Diphtheria, Pertussis	M / D / YYYY						
7	Polio Mark Type: IPV <input type="checkbox"/> OPV <input type="checkbox"/>	M / D / YYYY	M / D / YYYY	M / D / YYYY	M / D / YYYY	M / D / YYYY		
8	Tuberculin Test	M / D / YYYY	Skin Test Results: _____ mm	Blood Test Results: _____		IF a reactive test, go to http://uphys.msu.edu/unit/oc/chealth/forms.html , print out an Initial TB Symptom Monitor, complete it and send it in with this form.		
		M / D / YYYY	Skin Test Results: _____ mm	Blood Test Results: _____				

Instructions for Completing the Student Immunization Record

The Office of the University Physician at Michigan State University must have complete and accurate documentation about your immunization status to ensure that you and your patients are protected during clinical training. **Health care professional students will not be allowed to participate in clinical experiences until this information has been submitted, evaluated, and is in compliance with the Centers for Disease Control and Prevention Guidelines for Health-care workers.** Information from the Student Immunization Record Form will be entered into a secure web based record. You will have access to this web site and be able to print out your information.

Please enter the appropriate information (from your immunization records and other sources) and indicate the source of your information on the HCP Immunization Form. When gathering past immunization documents it may be beneficial to contact the primary or secondary school you attended. Many schools have been able to provide students with records for their early vaccinations.

Copy all immunization records and attach the COPIES to the COMPLETED Student Immunization Record. Send the completed forms to Office of the University Physician, 346 Olin Health Center, Michigan State University, East Lansing, MI 48824-1037. **Please keep the originals for your permanent records.**

Once the form is received, it will be evaluated. A monthly email will be sent to your MSU email that indicates your compliance status. To ensure that you will receive these emails, we recommend you add uphys@hc.msu.edu to your "Accepted List" on mail.msu.edu so you can receive the monthly emails and communicate with Occupational Health via email about your vaccinations. To do this, please follow these steps:

1. Log in to mail.msu.edu
2. Click Edit Your Filer Rules.
3. Click New Rule.
4. Click Select Field arrow and select From.
5. In the box to the right of Contains enter uphys@hc.msu.edu.
6. Click Save.
7. Click Save Settings.

If you have not completed your Hepatitis B series, we encourage you to get started because the series takes 4 to 6 months to complete. The Office of the University Physician will offer immunizations, TB monitoring and titers periodically in the Radiology Building. This is to assist you to complete your recommended vaccines, update your TB monitor, and answer any questions you may have. Appointments can also be made in our office by calling 517.353.9137. Costs associated with immunizations, monitoring, and titers are the responsibility of the student.

Keep a copy of the completed immunization record form for your records and return the original version

Revised: 10/10/2012

Ref #	Vaccine Type	Requirements and Instructions
1)	Measles (Rubeola)	Two doses of live measles vaccine, given on or after the first birthday and spaced at <i>least 28 days apart</i> OR laboratory evidence (titer) of immunity
2)	Mumps	Same requirements as Measles
3)	Rubella	One dose of live rubella vaccine given on or after the first birthday OR laboratory evidence (titer) of immunity Rubella vaccine is often given along with the two doses of Measles and Mump vaccine (MMR). Please indicate both dates of vaccine administration if you received this type of vaccination series.
4)	Varicella (chickenpox)	Two doses of varicella vaccine given at least 4 weeks apart OR laboratory evidence (titer) of immunity
5)	Hepatitis B	Three doses of appropriately spaced Hepatitis B vaccine AND a positive titer* unless it has been >one year since your third dose of vaccine (titer not required if >one year since last dose) or history of disease verified by lab evidence *Titer instructions- Wait 28 days after the 3 rd dose of vaccine before getting a titer; it is important to have a titer done within two months of vaccine completion in order to get accurate results. If negative titer results after three doses of vaccine, additional doses of vaccine will be required. It may take up to a year to complete the required vaccines and titer. You will want to have this completed before you handle human blood or body fluids.
6)	Tetanus, Diphtheria and Pertussis	One adult dose of Pertussis containing vaccine AND Tetanus and Diphtheria vaccine within 10 years. An adult dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) satisfies the requirement for all, if given within the last 10 years. There is no minimum interval required between last Td and Tdap.
7)	Polio	Three doses of vaccine recommended. If more than three were received, you may list all of the dates or just the last three. Please indicate type of vaccine received if known: Oral Polio Vaccine (OVP) or Inactive Polio Vaccine (IPV)
8)	Tuberculin Test	A two-step tuberculin skin test (two TB tests within one year) and tuberculin skin test annually thereafter. Test results must be reported in millimeters. "Negative" is an interpretation and not an acceptable result. OR A single blood test and annually thereafter. If prior history of a positive tuberculin skin test: Present documentation of reactive TB skin test, chest X-ray results, treatment plan, and the initial symptom monitor found at http://uphys.msu.edu/forms/TB_Initial.pdf . Each situation will be assessed on an individual basis by the University Physician staff. In some cases, blood testing will be required. Annual follow-up will be determined based upon result of blood testing. If prior history of a positive blood test: Present documentation of positive blood test, chest X-ray results, treatment plan, and symptom monitor. Symptom monitors will be required annually.
9)	Influenza	Influenza vaccine annually prior to December 1. Exceptions will be made for those with detailed documentation of valid medical contraindications.

The major source of this information comes from the Centers for Disease Control and Prevention. Immunization of Health Care Workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). The guidelines are available on line at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm?s_cid=rr6007a1_e&source=govdelivery

and

<http://www.immunize.org/catg.d/p2017.pdf>

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