

Name: _____, _____

PID: _____

College: COM CON CHM MedTech

Birth Date: ____/____/____

Entering Semester: Fall 20____

Healthcare Professional Student Immunization Form



Ref#	Vaccine	Dates			Titer	Disease	Information Source
1	Measles (Rubeola)	/ / M D Y	/ / M D Y		/ / M D Y Immune: Yes___ No___	/ / M D Y	
2	Mumps	/ / M D Y	/ / M D Y		/ / M D Y Immune: Yes___ No___	/ / M D Y	
3	❖ Rubella	/ / M D Y	/ / M D Y		/ / M D Y Immune: Yes___ No___	/ / M D Y	
4	Varicella (Chickenpox)	/ / M D Y	/ / M D Y		/ / M D Y Immune: Yes___ No___	/ / M D Y	
5	Hepatitis B	/ / M D Y	/ / M D Y	/ / M D Y	/ / M D Y Immune: Yes___ No___	/ / M D Y	
6	Tetanus (Td)	/ / M D Y					
	With Pertussis (Tdap)	/ / M D Y					
7	Polio Circle Type: IPV OPV	/ / M D Y	/ / M D Y	/ / M D Y		/ / M D Y	
8	Tuberculin Test	/ / M D Y	Test Results: ____mm	IF a reactive test, go to http://uphys.msu.edu/occhealth/forms.html , print out an Initial TB Symptom Monitor, complete it and send it in with this form.			
		/ / M D Y	Test Results: ____mm				

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. 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. Parent recall of childhood diseases may be accepted in some cases. Copy all immunization records and attach the COPIES to the COMPLETED Student Immunization Record. Send the completed forms to Office of the University Physician, 347 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 documents your compliance status. In order to ensure that you will receive these emails, We recommend you add occhealth@ht.msu.edu to your "Trusted Addresses" 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 on "Preferences"
3. In "Trusted Addresses" under the "Trusted/Blocked Senders" header in the upper right hand-side of the page, enter occhealth@ht.msu.edu
4. Click "Update Preferences" located at the bottom of the page

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 monthly 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.

Special note for College of Nursing and College of Human Medicine students:

Documentation of Healthcare Professional Basic Life Support (BLS) required by your college. If you send a copy of your valid BLS card in with your Student Immunization Form, we will enter the expiration date into the web site at the same time we enter you immunization information. If you have questions about this requirement, please contact your college directly.

Revised: 6/15/06

***KEEP A COPY OF THE COMPLETED IMMUNIZATION RECORD FORM FOR YOUR RECORDS AND RETURN THE
ORIGINAL VERSION***

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<u>Ref #</u>	<u>Vaccine Type</u>	<u>Instructions</u>
1)	Measles (Rubeola)	If you were born before 1957, one dose of live rubeola vaccine is required, or proof of immunity. If you were born after 1957, two doses of live rubeola vaccine are required, both of which were administered on or after the first birthday and were spaced <i>at least 28 days apart</i> or proof of immunity. Proof of immunity is reliable history of disease or laboratory evidence (titer) of immunity.
2)	Mumps	Same requirements as Measles.
3)	Rubella	One dose of live rubella vaccine on or after the first birthday is required, or proof 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 (at least 4 weeks apart) are required or laboratory evidence (titer) of immunity or reliable history of chickenpox. Vaccination with this live viral vaccine may be waived if there is medical contraindication. Each situation will be assessed on an individual basis.
5)	Hepatitis B	Three doses of Hepatitis B vaccine. A positive titer result is required unless it has been >one year since your third dose. Wait 28 days after the 3 rd dose of vaccine before getting a titer-it is important to have a titer done within a few months of vaccine completion in order to get accurate information. 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 and Pertussis	One adult dose of Pertussis containing vaccine is required. The only adult vaccine containing Pertussis is Adacel (TdaP) which contains Tetanus, Diphtheria and Pertussis. It is also required to have Tetanus and Diphtheria vaccine within 10 years. TdaP 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, list the last three doses and dates. Please indicate type of vaccine received if known: Oral Polio Vaccine (OVP) or Inactive Polio Vaccine (IPV)
8)	Tuberculin Test	Results of a two-step tuberculin skin test and a standard tuberculin skin test annually thereafter. If prior history of a positive tuberculin skin test: Present documentation of testing, chest X-ray results, and treatment plan. Each situation will be assessed on an individual basis. Annual monitoring will be done by symptom review.

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). MMWR 1997; 46 (RR-18). The complete guidelines are available on line at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>.

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