Medical Student Immunization Requirements

The State of Illinois code, Reference: (110 ILCS 20) College Student Immunization Act, requires students to provide proof of immunity: Measles (Rubeola), Mumps, Rubella (German Measles); Tetanus/ Diphtheria/Pertussis and Meningococcal. To help in meeting this requirement, entering students may get their immunizations at the Student Health Service SHS.

Students must upload Immunization forms into the Compliance Management System by July 1, 2018.

The link to this portal can be found at http://wellness.uchicago.edu/page/vaccinations-required-enrollment.

Failure to return your immunization form will result in your being placed on restriction, which will deny you the ability to enroll in future classes.

Questions? Call (773) 795-0013 during business hours. Be sure to indicate that you are an incoming medical student.

Entering medical students are required to provide:

- Proof of immunity through blood titer to Measles (Rubeola), Mumps, German Measles (Rubella), and Hepatitis B.
- Proof of immunity through blood titer or vaccination to Varicella.
- Current Tetanus/Diphtheria/Pertussis vaccine.
- Proof of Meningitis vaccine if under 22 years of age
- Tuberculosis screening

Important information:

- A licensed healthcare provider must complete the immunization form. A health care provider is: a physician licensed to practice (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
- **ENGLISH:** All immunization forms and copies of laboratory reports **must be submitted in English. Translations of non-English documents must be certified**. It is acceptable to have an English translation of the documents certified as accurate by a member of the University community who is fluent in the document's original language.
- **EXEMPTIONS**: The following exemptions may be allowed. Anyone with a vaccine exemption may be excluded from the University/College in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health law.
  - **MEDICAL CONTRAINDICATIONS**: a written, signed, and dated statement from a physician stating the vaccine that is contraindicated, the nature, and duration of the medical condition that contraindicates the vaccine(s). This statement will not be accepted if it does not meet the standards of care at The University of Chicago Hospitals. **Submit this statement to the SHCS sccimm@uchospitals.edu Student Health Service Immunization Program.**
  - **PREGNANCY OR SUSPECTED PREGNANCY**: a signed statement from a physician stating the student is pregnant or pregnancy is suspected. Pregnancy exemptions are applicable only to Measles, Mumps, and Rubella requirements. **Submit this statement to sccimm@uchospitals.edu the SHCS Student Health Service Immunization Program.**
  - **AGE EXEMPTION**: Persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by the submission of a copy of the student's birth certificate, driver's license, or passport identifying the birth date.
  - **RELIGIOUS EXEMPTION**: a written, signed, and dated statement by the student detailing the student's objection to immunization on religious grounds. Request for religious exemptions will be forwarded for review and only be granted by the Registrar. **Submit this statement to the University Registrar (http://registrar.uchicago.edu/)**

Medical Student Immunization Record

Frequently Asked Questions

Q: Can I just submit copies of my vaccines instead of completing the Immunization Record?
A: The Immunization Record is a required document. Please make certain that you submit the form specifically for Medical Students. This form must be completed and signed by a licensed healthcare provider.

Q: Why isn't my immunization history sufficient for proof of immunity?
A: The University of Chicago adheres to the guidelines of the American Association of Medical Colleges (AAMC) and, the Center for Disease Control (CDC) and Prevention for healthcare workers and the requirements of the State of Illinois. Proof of immunity must be verified via blood titers for Measles, Mumps, Rubella, Varicella and Hepatitis B. Immunity for Tetanus and Pertussis are verifiable by a 3 doses of Diphtheria/Tetanus/Pertussis (Tdap) vaccine.

Q: If I need blood titers, why should I submit my immunization history?
A: Immunization dates are important in the event that your blood titers are negative. Each required titer has a specific number of doses needed to complete a series. For example, Illinois requires the following: either two doses of MMR. It is also important to note that the first dose of MMR is not given before 12 months of age (your first birthday). If a titer is negative for any of the required immunizations, specific guidelines are available for attempting to boost one's immunity. In most cases, an additional dose of the vaccine will be administered and the titer rechecked after 30 days, if it is not medically contraindicated.

Q: What if I had the Varicella infection (chickenpox) as a child?
A: In most cases, your titer will prove immunity if you had the infection in the past. Otherwise you will be required to complete a two dose series for Varicella.

Q: I started the Hepatitis B series but never completed it. Do I need to start the series over?
A: Generally, we don't restart the series. The most common approach would be to give the missing dose, wait 30 days, then have a Hepatitis B Surface Antibody rechecked.

Q: I had a PPD (TB skin test) last year. Do I need another one?
A: Tuberculosis testing must be performed within three months of orientation date. This is a two step process.
The second PPD will be placed during orientation.

Q: What if I have had a positive PPD in the past?
A: If you have had a positive reaction, your healthcare provider must provide documentation of the reaction size, followed by a Chest X-ray or Quantiferon Gold/T-spot testing. Any reaction greater than 10mm requires additional testing for healthcare workers. Please attach a copy of the Chest X-ray or Quantiferon Gold/T-spot testing results to your health form. Also note that receiving the BCG vaccine does not always present a positive reaction. Therefore, a Chest X-ray or Quantiferon Gold/T-spot testing is necessary for a positive PPD reaction.

Q: Why does the University of Chicago require so much proof of immunization?
A: All medical colleges require the same. It is our intent to maintain healthcare and provide knowledge of communicable diseases within the profession you have chosen. It is important in healthcare to *KNOW YOUR STATUS.*

Have any other questions? Email Keeya.Bailey@uchospitals.edu

Medical Student Immunization Record

Student ID#_________________________________ Quarter Attending____________ Calendar Year____________

Part I: Student Information

Last Name: ______________________________________

First Name: ______________________________________ Middle Name: _____________________

Date of Birth *(mm/dd/yyyy):* _____________ Gender: _____________________

Preferred Telephone Number:_____________________ E-mail: _______________________________

Part II: Proof of Immunity

Part II is to be completed and signed by health care provider(s). A health care provider is a physician licensed to practice medicine in all of its branches (MD or DO), a Licensed Nurse, or a Public Health Official.

MEASLES (Rubeola)	Date of blood titer:_____/_____/__________*(mm/dd/yyyy)* Result:___________________________________*(must attach a copy of lab test in English)*
RUBELLA (German Measles)	Date of blood titer:_____/_____/__________*(mm/dd/yyyy)* Result:___________________________________*(must attach a copy of lab test in English)*
MUMPS	Date of blood titer:_____/_____/__________*(mm/dd/yyyy)* Result:___________________________________*(must attach a copy of lab test in English)*
MMR Vaccine	MMR #1 Date of Vaccine _____ / _____ / __________ (must be given on or after 12 months of age) MMR #2 Date of Vaccine _____ / _____ / __________ (must be given at least 28 days after MMR #1) ***- OR -*** If individual vaccines were received for Measles, Mumps, and Rubella, please complete the following: Measles (Rubeola) Vaccine — Date of Vaccine # 1 _____ / _____ / __________ Date of Vaccine # 2 _____ / _____ / __________ Rubella (German Measles) Vaccine — Date of Vaccine # 1 _____ / _____ / __________ Date of Vaccine # 1 _____ / _____ / __________ Mumps Vaccine — Date of Vaccine # 1 _____ / _____ / __________ Date of Vaccine # 2 _____ / _____ / __________

Student ID#____________________________ Quarter Attending_____________ Calendar Year____________

HEPATITIS B ***(Both Step 1 and Step 2 are required.)***	**<u>Step 1.</u>** Vaccine Series *(must be started before entry to school)* Date of Vaccine # 1___________/__________*(mm/dd/yyyy)* Vaccine # 2___________/_____/__________*(mm/dd/yyyy)* Vaccine # 3___________/_____/__________*(mm/dd/yyyy)* * Vaccine schedule as approved by the CDC: Three total doses given at 0, 1-2, and 4-6 months. **<u>Step 2.</u>** Proof of Immunity *(may be completed during first quarter of school)* Date of Antibody blood titer:______/_____/__________*(mm/dd/yyyy)* Result:________________________________ *(must attach a copy of lab test in English) Note: Antigen test not accepted; must be Antibody)*
VARICELLA ZOSTER/ CHICKEN POX	Date of blood titer:______/_____/__________*(mm/dd/yyyy)* Result:________________________________*(must attach a copy of lab test in English)* **OR** Dates of immunization if you have not had chicken pox: *(Two doses separated by at least 30 days are required)* Date of Vaccine # 1______/_____/__________*(mm/dd/yyyy)* Date of Vaccine # 2______/_____/__________*(mm/dd/yyyy)*
TETANUS/ DIPHTHERIA/ PERTUSSIS	Students **<u>must show proof of vaccination of three (3) dose of Tetanus/Diphtheria/Pertussis immunization</u>** One dose must be a Tdap (tetanus, diphtheria and acellular pertussis) vaccine One dose must have been given within 10 years of first date of Quarter Tetanus Toxoid vaccine is not acceptable in fulfilling this requirement Date of **TDAP** Vaccine ____/_____/__________*(mm/dd/yyyy)* **AND** Date of DPT,DTP,DT,DTap, Td or Tdap Vaccine ____/______/_________(mm/dd/yyyy) Date of DPT,DTP,DT,DTap, Td or Tdap Vaccine ____/______/_________*(mm/dd/yyyy)*
MENINGOCOCCAL VACCINE (MENACTRA MCV4, MENOMUNE MPSV4, MENVEO OR MENINGOCOCCAL)	Required for all new students **<u>under the age of 22</u>** One dose must have been given on or after 16th birthday Date of Vaccine _____/_____/_________

Campus & Student Life

Student ID#_____________________________ Quarter Attending______________ Calendar Year_____________

Part III: Tuberculosis Screening

Tuberculin skin test (Mantoux only)
(to be completed within 3 months of entry)

Date of placement:___/_____/_________*(mm/dd/yyyy)*
Date read:____/_____/__________*(mm/dd/yyyy)*
Result:_____mm induration *(If no induration, record 0.)*

Or

Chest X-ray, if the student has a history of a positive TB skin test or treated TB disease
(must be done in the USA within 1 year of registration)

Date of Chest X-ray:___/_____/_________*(mm/dd/yyyy)*
(must attach chest X-ray report)

OR

Date of Quantiferon Gold/T-Spot test:/_____/_________*(mm/dd/yyyy)*
Result:_______________________________
(must attach a copy of lab test in English)

Part IV: Health Care Provider Certification

Provider(s) Signature: ____

Provider(s) Printed Name(s): ____

Address: ____

____

Phone Number: ____

OFFICE USE ONLY

	Measles	G. Measles	Mumps	Tet/Dip	Hepatitis	Varicella
Immune						
Exempt						
Outstanding						

Reviewed by:____Date: ______________________________