

# MEDICAL CENTER HOSPITAL

## IMMUNIZATION REQUIREMENTS

A current Immunization record is mandatory when participating in any clinical or shadowing rotation activities at Medical Center Hospital. Without ATTACHED documented proof of the following immunizations, access to all clinical rotations will be denied.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ College /University: \_\_\_\_\_

|                       |                          |                     |                          |      |                          |                     |                          |                         |                          |                     |                          |         |                          |            |                          |
|-----------------------|--------------------------|---------------------|--------------------------|------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|---------------------|--------------------------|---------|--------------------------|------------|--------------------------|
| Resident              | <input type="checkbox"/> | EMT                 | <input type="checkbox"/> | PTA  | <input type="checkbox"/> | Clinical Laboratory | <input type="checkbox"/> | Radiological Technology | <input type="checkbox"/> | Surgical Technology | <input type="checkbox"/> | Nursing | <input type="checkbox"/> | Phlebotomy | <input type="checkbox"/> |
| Physician's Assistant | <input type="checkbox"/> | Respiratory Therapy | <input type="checkbox"/> | UTMB | <input type="checkbox"/> | Medical Student     | <input type="checkbox"/> | EKG                     | <input type="checkbox"/> | CardioPulmonary     | <input type="checkbox"/> |         |                          |            |                          |

| VACCINE   | REQUIREMENTS   | MAJOR INDICATORS  | DATE RECEIVED & RESULTS  | FOR USE Needed | OFFICE ONLY Complete |
|---|--|---|--|----------------|----------------------|
| <p><b>Measles</b></p> <p><b>Mumps</b></p> <p><b>Rubella (MMR)</b></p> | <p>All students born after 1956 require a second MMR. If you are unable to have a second MMR, you must provide titers for Measles &amp; Rubella.</p>                                       | <p>In the past several years, significant outbreaks of Measles, Mumps and Rubella in college students have occurred. Measles remains a serious disease with the risk of brain damage.</p> | <p>Measles – Dose 1 _____</p> <p>Measles – Dose 2 _____</p> <p style="text-align: center;"><b>Or</b></p> <p>Confirmation of Immunity/Protective titer. _____</p> <p>Mumps - _____</p> <p style="text-align: center;"><b>Or</b></p> <p>Confirmation of Immunity/protective titer _____</p> <p>Rubella - _____</p> <p style="text-align: center;"><b>Or</b></p> <p>Confirmation of Immunity/protective titer _____</p> |                |                      |
| <b>Hepatitis B Series</b>   | <p>All students not previously vaccinated, must complete the vaccination series</p> <p style="text-align: center;"><b>Or</b></p> <p>Show proof of immunity by having an Anti-Hbs test.</p> | <p>Health care professionals repeatedly exposed to blood or blood products or to the risk of needle stick injury are at risk for infection with the Hepatitis B Virus.</p>                | <p>Hepatitis B – Dose 1 _____</p> <p>Hepatitis B – Dose 2 _____</p> <p>Hepatitis B - Dose 3 _____</p> <p style="text-align: center;"><b>Or</b></p> <p>Confirmation of Immunity/protective titer _____</p>  |                |                      |
| <b>Tetanus / Diphtheria (TD)</b>                                      | <p>All students must have documented proof of TD or TDP within the past 10 years.</p>  |   | <p>TD Date - _____</p> <p style="text-align: center;"><b>Or</b></p> <p>TDP Date- _____</p>   |                |                      |
| <b>Tuberculin Test (PPD)</b>  | <p>All Students are required to have a current Mantoux (PPD).</p>  | <p>TB test must be current within 1 year. If date expires during clinical rotation the student is required to get another TB test prior to starting clinical rotation.</p>                | <p>PPD Date - _____</p> <p>Administered and read within The last 12 months.</p>  |                |                      |
| <b>Urine Drug Screen</b>  | <p>All Students must have a current UDS prior to clinical rotation.</p>  |   | <p>Negative - _____</p> <p>Date- _____</p>   |                |                      |