

University of Minnesota — Academic Health Center — Student Immunization Record

Last Name, First Name, MI	Birth Date Month / Day / Year	Student ID# New students see admission letter for ID#
Street Address	Return completed form to: Boynton Health Service 410 Church Street Minneapolis, MN 55455 Questions? Call 612-625-3222	College or School (If Resident, use "GME")
City, State, ZIP		Degree Program or Residency/Fellowship

According to OSHA regulations, CDC guidelines, and Academic Health Center (AHC) policy, all AHC students are required to have a health clearance as a **condition of enrollment**. This information must be completed in order to participate in classes or patient care in the AHC.

This form must be completed and submitted with the proper signatures to Boynton Health Service. It will become part of your official medical record. After you have submitted the form, you will receive written confirmation of your "clearance" to enroll in classes and clinical experiences in the AHC and affiliated sites. You will also receive notification of any parts that are incomplete or unacceptable and instructions on how to proceed.

Boynton Health Service does not place or remove holds for AHC students. Each of the AHC schools is responsible for insuring that students are "cleared" through this process, and Boynton facilitates this process for the schools. **It is the student's responsibility to achieve immunization clearance.** Keep a copy of this form and any other documentation for your records. You may submit multiple copies of this form, each documenting different requirements (if you have your first Hep B immunization now, you should submit the form now and then submit another form after the second and third immunizations). In addition, once you have been "cleared", you must use **this form** for your annual Mantoux test (one-step) in order to be cleared each year. You may download a personalized version of this form by logging into **myAHC.umn.edu** with your University of Minnesota internet ID and clicking on My Toolkit. If you do not yet have a University internet ID, you may download a non-personalized PDF version of the form at www.ahc.umn.edu/immunizationform.

Required Immunization	Dates Immunizations Received <i>OR</i>			Antibody Titre	Provider Signature and Date <small>Must be MD, DO, RNC, PA, NP, or RN (May NOT be student or parent)</small>
Hepatitis B (Hep B) Report 3 doses or titre results	Dose 1 Date	Dose 2 Date	Dose 3 Date		/ / MM DD YYYY
Varicella (Chicken Pox) Report 2 doses, OR self reported disease history, OR titre results	Dose 1 Date	Dose 2 Date	Self report of disease Y/N		/ / MM DD YYYY
Measles (Rubeola) Report 2 doses after age 12 months or titre results	Dose 1 Date	Dose 2 Date			/ / MM DD YYYY
Mumps Report 1-2 doses after age 12 months or titre result (only one dose required)	Dose 1 Date	Dose 2 Date			/ / MM DD YYYY
Rubella (German Measles) Report 1-2 doses after age 12 months or titre results (only one dose required)	Dose 1 Date	Dose 2 Date			/ / MM DD YYYY
Tetanus/Diphtheria (Td) Report <i>most current</i> dose (within 10 years)	Dose Date				/ / MM DD YYYY
Required PPD (Tuberculosis) Screening (2-step Mantoux)	Date	Induration	Date	Induration	Provider Signature and Date
Report any TWO PPD Tests applied more than one week apart and within one year (required once).	Step 1 Date	mm	Step 2 Date	mm	/ / MM DD YYYY
Report most current PPD test <i>only if</i> more recent than 2-step test (required if last PPD test is more than 1 year old)	PPD Date	mm			/ / MM DD YYYY
For any POSITIVE PPD test, provider must document steps taken (chest x-ray etc.):					
					Sign and Date
Medical Exemptions. Provider must document medical conditions that preclude that administration of a required vaccine or test.					
Explanation of exemption:					
					Sign and Date