



# INTERNATIONAL VISITING STUDENT IMMUNIZATION RECORD FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print) month/day/year

UMass Medical School requires that all international visiting students requesting enrollment in our clinical electives show **proof in English** of immunity to Measles, Mumps, Rubella, Tetanus/Diphtheria, Hepatitis B and proof of a negative TB Test. Lab results in a foreign language will NOT be accepted and must be translated by a certified translator.

Applicants must be free from symptoms of Infectious Disease at the start of an elective. Should you become ill with a communicable disease during enrollment, you are required to notify your course Director/Attending Physician and remove yourself from patient activity.

The following information is to be completed and signed by your Health Care Facility.

**\* Tuberculin Skin Test (Required within last 12 months):**

Type & date: \_\_\_\_\_ #mm induration \_\_\_\_\_

[ ] Negative [ ] consistent w/ latent TB

If consistent w/ latent TB, record date of chest X-Ray and Attach report [within last 12 months]: \_\_\_\_\_

Record antibiotic therapy, if taken, and dates: \_\_\_\_\_

**\* Tetanus/Diphtheria:** If Tetanus and Diphtheria were given separately, each must be recorded.

TD booster within last 10 years: DATE \_\_\_\_\_ month/year or

Tetanus: \_\_\_\_\_ month/year

Diphtheria: \_\_\_\_\_ month/year

→ Recommended one time Tdap if it has been 2 years or more since last Tetanus shot.

**\* Measles, Mumps, Rubella:** A history of disease is not acceptable. **A copy of the Laboratory Reports must be attached.**

Positive Serology for Immunity	OPTIONAL: Does not substitute for the serology
Positive Measles titer: _____ month/day/year	MMR: #1 _____ MMR #2 _____ month/day/year month/day/year
Positive Rubella titer: _____ month/day/year	Measles: #1 _____ #2 _____ month/day/year month/day/year
Positive Mumps titer: _____ month/day/year	Rubella: _____ month/day/year
	Mumps: _____ month/day/year

**\* Hepatitis B Immunization:** Students from other institutions visiting UMMS for Clinical rotations must submit a lab report to the UMMS Office of Student Affairs at the time of application documenting HBV immunity with a positive HBV surface antibody titer.

If, despite undergoing the complete HBV immunization series, a visiting student remains seronegative for HBV surface antibody, then the student will be given the option to provide documentation of negative HBV surface antigen serostatus. Visiting students, who are infected with blood borne pathogens that request a clinical rotation in an exposure-prone field, and would therefore require accommodations, will not be accepted.

If series complete, a copy of the Hepatitis B Surface Antibody Titer must be attached, whether positive or negative.

(Series complete -3 doses) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ HBDAb Titer: \_\_\_\_\_  
month/day/year month/day/year month/day/year month/day/year

**For Office Use Only: Results:**  **HBV Surf Ab present**  **HBV Surf Ab absent**

\* **Chicken pox:** (Varicella) UMass requires a positive antibody titer, or 2 doses of vaccine. Yr of Disease \_\_\_\_\_

Positive Varicella Titer: \_\_\_\_\_ Result: \_\_\_\_\_ **or**  
month/day/year

Vaccination 1<sup>st</sup> dose: \_\_\_\_\_ 2<sup>nd</sup> Dose: \_\_\_\_\_  
month/day/year month/day/year

If you are exposed to chickenpox during your clerkship and are not immune, you will be required to withdraw from all clinical activities to be isolated. **A history of the disease is not acceptable.**

\* **Seasonal Flu Vaccination:** Documentation of the Seasonal Flu vaccine is required. **\*\*If the Seasonal Flu Vaccine was declined or unavailable, this must be noted and the student will be required to submit a waiver.**

Seasonal Flu Vaccine **Administered:** \_\_\_\_\_  
month/day/year

\*\*Seasonal Flu Vaccine **Declined:** \_\_\_\_\_  
month/day/year

\*\*The Seasonal Flu Vaccine is currently **Unavailable** at my school. \_\_\_\_\_  
month/day/year

**\*\*A waiver signed by the Student and Student's Health Care Provider must be submitted with this form.**

---

## CERTIFICATION BY PHYSICIAN, NURSE OR SCHOOL OFFICIAL

**This form must be filled out completely with lab results attached.**

Name of Person Verifying Information: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

Title: \_\_\_\_\_ School: \_\_\_\_\_

Signature: \_\_\_\_\_

**Completed form and lab results can be:**

- included with International Visiting Student application
- scanned and emailed to Sherrie.Carey@umassmed.edu
- faxed to Sherrie Carey at 774-441-6212

## State Immunization Requirements

In compliance with Massachusetts State Law (105 CMR 220.600) and the University of Massachusetts Medical School, all students must show documentation for the following immunizations prior to arrival.

1. Tetanus-Diphtheria: An Adult Booster given within the past 10 years.
2. Measles: See immunization form
3. Hepatitis B: vaccination or laboratory evidence of immunity (positive anti-HBs titer) vaccination protocol: a series of three injections given at intervals of 1, 2, and 3 months (Testing for immunity to Hepatitis B after vaccination is strongly recommended.)

## Additional Requirements

**Tuberculosis Test:** All visiting students, who are not known to be tuberculin positive, are required to have a Tuberculosis test within one year prior to arrival of rotation. Any visiting student with a positive tuberculosis test must submit proof of a chest X-ray taken within one year prior to arrival.

\* Students who are already known to be tuberculin positive from an exposure MUST submit documentation of the following: a TB test, INH treatment; and a chest x-ray done one year prior to arrival. A history of BCG vaccine is not acceptable as proof of being positive. You must provide documentation of a past, positive TB Test in addition to a chest x-ray received within one year of arrival.

**Rubella:** All students must present laboratory evidence of immunity (a positive antibody titer)

**Varicella (Chicken Pox):** History of disease or laboratory evidence of immunity (a positive antibody titer); or two doses of vaccine, given 4 to 8 weeks apart. History of disease as criterion for immunity is not acceptable.

## Additional Recommendations

**Polio:** Students should have received the polio vaccine along with the D-P-T series as a child. If so nothing further is necessary. If not, ask your physician about recent changes regarding adult polio vaccination.

**Influenza:** Annual vaccination is recommended for health care workers who have patient contact.

## Tuberculin Skin Testing Requirements

## February 2006

Based on new CDC guidelines published in December 2005, the following new procedures, summarized in the table below, will be followed regarding Tuberculin skin testing. Please note that the definition of “Adequate documentation” means that the individual must have an official form from another Healthcare facility that documents the reading of the TST and defines the **mm of induration**-if the form just states “positive” or “negative”, this is **NOT** considered adequate documentation.

Situation	Recommended Testing
No previous TST results	Two-step baseline TSTs
Previous negative TST result (documented or not) >12 months before new employment	Two-step baseline TSTs
Previous documented negative TST result ≤12 months before new employment	Single TST needed for baseline testing; this test will be the second-step
≥ 2 previous documented negative TSTs but most recent TST > 12 months before new employment	Single TST; two-step testing is not necessary
Previous documented positive TST result	No TST
Previous undocumented positive TST result*	Two-step baseline TST(s)
Previous BCG+ vaccine	Two-step baseline TST(s)
Programs that use serial BAMT ‡ including QFT§ (or the previous version QFT)	See Supplement, Use of QFT-G** for Diagnosing <i>M. tuberculosis</i> Infections in Health-Care Workers (HCWs)
<p>*For newly hired health-care workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs or offer BAMT.</p> <p>+Bacille Calmette-Guérin</p> <p>‡Blood assay for <i>Mycobacterium tuberculosis</i></p> <p>§QuantiFERON®-TB test</p> <p>**QuantiFERON®-TB Gold test</p>	

What this means:

1. **For Newly Hired Residents:** if they can provide adequate documentation of greater than or equal to 2 previous negative TST’s, even if the most recent one is greater than 12 months before they start work here, they will only need a single TST when they arrive. If they cannot provide adequate documentation, then they need a TST upon arrival and another 1-3 weeks later (the 2-step).

2. **For Residents visiting for a one month elective:** the above holds true but they will not need to have a TST performed at UMMC when they arrive here for their elective if they can provide documentation that appropriate TSTs have been done at their home institution.. -If not, they need a TST done here on Day 1 of their elective but it will not need to be a 2-step TST.

**3. Visiting Medical Students: Tuberculosis Test:** All visiting Students are required to have a tuberculosis skin test within one year to arrival of rotation as proof of a negative TB test. (See Additional Requirements on page 2 for positive TB)

# Waiver of Seasonal Flu Vaccine

The following information is to be completed and signed by your Health Care Facility.

I acknowledge that I have had the opportunity to receive the:

Seasonal flu vaccine

I acknowledge that I did not have the opportunity to receive the:

Seasonal flu vaccine

I the undersigned \_\_\_\_\_ declined the Seasonal flu vaccine.

I am signing this waiver with the complete understanding of the risks and benefits of the Seasonal flu vaccination.

Please note that the H1N1 vaccine has been rolled into the 2010 fall seasonal flu shot.

## CERTIFICATION BY PHYSICIAN, NURSE OR SCHOOL OFFICIAL

Name: (please print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
( M.D., R.N., or School Official )

Signature of Student: \_\_\_\_\_

Name of Student: (please print) \_\_\_\_\_