

UIC College of Medicine

MANDATORY MEDICAL STUDENT IMMUNIZATION DOCUMENTATION FORM

This is the only form accepted by the UIC College of Medicine Office of International Affairs Visiting Student Program.

Student name _____

email _____

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE REQUIREMENTS

The University places holds for lack of compliance.

MEASLES (RUBEOLA)

Immunity confirmed by titer. Date of Titer _____
Results _____ Date of re-immunization _____

Attach copy of lab report

MUMPS

Immunity confirmed by titer. Date of Titer _____
Results _____ Date of re-immunization _____

Attach copy of lab report

GERMAN MEASLES (RUBELLA)

Immunity confirmed by titer. Date of Titer _____
Results _____ Date of re-immunization _____

Attach copy of lab report

TETANUS AND DIPHTHERIA

TD or DT or DPT or TdaP required. **(Tetanus toxoid (TT) not acceptable)**

Three primary series immunizations are needed OR date of last booster OR exempt status conferred. Please fill in the relevant portion below.

Immunization 1 - Date _____
 Immunization 2 - Date _____
 Immunization 3 - Date _____

OR

Last Booster Shot - Date _____
Booster must be within the last 10 years

OR

Exempt Status. Date of exemption _____
Attach physician's statement

POLIO Three immunizations are needed OR date of last booster OR date of immunization as an adult. Please fill in the relevant portion below.

Immunization 1 - Date _____
 Immunization 2 - Date _____
 Immunization 3 - Date _____

OR

Last Booster Shot Date _____ Oral (Sabin) Injection (Salk)

OR

Immunized as an Adult. Date conferred _____

TUBERCULOSIS *(check the appropriate box)*

HAS HAD THE DISEASE HAS NOT HAD THE DISEASE

AND fill out the appropriate section below for annual updates:

NOTE: Only 2 Step Tuberculin Skin Test (TST) is accepted.

NOTE: TST must be read 48-72 hours after application.

TST Step 1 Date read _____ Result _____ mm induration

TST Step 2 Date read _____ Result _____ mm induration

OR

Had a positive Mantoux skin test. When? _____ year.

Attach documentation after positive Mantoux test.

Baseline Chest X-ray Date _____ Positive Negative

Attach copy of Chest X-ray report.

Had BCG vaccine. Date _____
OR

QTBG Quantiferon-Gold Blood Test
Date _____ Results _____

Please attach copies of lab reports.

UIC COLLEGE OF MEDICINE REQUIREMENTS

Protections required for clinical exposures during medical education

HEPATITIS B Three immunizations are needed **AND** the documentation of immunity by titer. NOTE: Titers are required for the M3/M4 Curriculum. Please fill in the relevant portion below.

Immunization 1 - Date _____

Immunization 2 - Date _____

Immunization 3 - Date _____

AND

Immunity confirmed by titer. Date of Titer _____

HB surface antigen Positive Negative

HB surface antibody Positive Negative

Antibody must be positive, or immunization is required

Attach copy of lab report

VARICELLA ZOSTER (CHICKEN POX)

Immunity confirmed by titer. Date of Titer _____

Results _____ Date of re-immunization _____

Attach copy of lab report

OTHER CERTIFICATIONS required prior to or during medical school

HIPAA TRAINING (annual requirement)

CBC CRIMINAL BACKGROUND CHECK (prior to M1 Orientation)

RESPIRATOR FIT TESTING (at M1 Orientation)

FINGER PRINTING (at M1 Orientation)

CPR TRAINING (included in Essentials of Clinical Medicine course)

DRUG SCREENING (may be required for some M2/M3/M4 clinical rotations)

INFLUENZA VACCINATION (annual vaccination required in fall/winter)

CERTIFICATION by Health Care Professional

Name of Health Care Provider Filling out Form

(circle one) RN MD DO

Name and address of Institution or Clinic (or stamp)

Phone _____

FAX _____

I certify that this information is complete and correct to the best of my knowledge.

Date _____

Signature of Health Care Provider

Please contact Sonya B. Forster if you have any questions regarding this form via email: forster@uic.edu