Medical Student Required Immunizations, Titers & Tuberculosis Screening

Brown University requires all medical students to provide written documentation of the following on the Medical Student Immunization, Titers & Tuberculosis Screening Record:

**Medical Student Immunization, Titers & Tuberculosis Screening Record**

- **Hepatitis B**
  A record of Hepatitis B vaccine series and if series complete, a quantitative Hepatitis B Surface Antibody titer must be done, a copy of the lab report must be attached.

- **Measles, Mumps and Rubella**
  A record of two MMR vaccines and positive serological tests for immunity to Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab reports must be attached.

- **Meningococcal**
  If you are under 22 years old, then at least one dose required between the ages of 16 and 22 years.

- **Tetanus/Diphtheria/Pertussis (Tdap)**
  One dose of adult Tdap (Tetanus/Diphtheria/Pertussis). If Tdap is more than 10 years old, then a Tetanus Diptheria booster is also required.

- **Varicella**
  Positive serological test for immunity to Varicella (chickenpox) only if a history of chickenpox disease. History of disease alone is not acceptable. A copy of the lab report must be attached OR a record of Varicella vaccine, two doses, at least one month apart. The first dose must have been given 12 months after birth or later.

- **Tuberculosis Screening**
  A record of two tuberculosis skin test (TST) – two tests 1-3 weeks apart OR one Quantiferon Gold/T-SPOT blood test, completed within 6 months prior to arrival at Brown. If there is a positive result to either test, documentation of a negative chest x-ray and history of latent TB treatment must be attached.

- **Influenza**
  Please note that the Influenza vaccine will be required during the Fall 2019. Flu vaccine clinics are held at the medical school in the Fall.

**Medical Student Additional Immunizations**

- Document any additional immunizations on page 2
Medical Student Immunizations, Titers & Tuberculosis Screening Record

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth mm/dd/yy</th>
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<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Country</th>
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### REQUIRED IMMUNIZATIONS

**Hepatitis B** (3 dose series)
- Date of Dose #1:
- Date of Dose #2:
- Date of Dose #3:

**Or Hepatitis B** (2 dose series)
- Date of Dose #1:
- Date of Dose #2:

**And quantitative titer**
- positive
- negative
- Date:
- Copy of lab result required

**Measles, Mumps, Rubella**
- 2 doses of MMR and individual titers
- or 2 doses of individual vaccines and individual titers
- Date of Dose #1:
- Date of Dose #2:

**MMR**
- Date of Dose #1:
- Must be at 12 months after birth or later
- Date of Dose #2:
- Must be at least 1 month after first dose

**Measles (Rubeola)**
- Date of Dose #1:
- Must be at 12 months after birth or later
- Date of Dose #2:
- Must be at least 1 month after the first dose
- Copy of lab result required

**Mumps**
- Date of Dose #1:
- Must be at 12 months after birth or later
- Date of Dose #2:
- Must be at least 1 month after the first dose
- Copy of lab result required

**Rubella (German Measles)**
- Date of Dose #1:
- Must be at 12 months after birth or later
- Date of Dose #2:
- Must be at least 1 month after the first dose
- Copy of lab result required

**Meningococcal Vaccine**
- Required if under 22 years old
- Menactra
- Menomune
- Menveo
- Other:
- Date of Dose #1
- Date of Booster Dose:
- Required if dose 1 was given before 16 years old

**Tdap (Tetanus-Diphtheria-Pertussis)**
- Date of Tdap Dose:
- If Tdap > 10 years, then Tetanus Diphtheria (Td) required
- Date of Td dose:

**Varicella (Chicken Pox)**
- 2 doses required or positive titer
- Date of Dose #1: Must be given 12 months after birth or later
- Date of Dose #2:
- or Copy of lab result required

### REQUIRED TUBERCULOSIS SCREENING:

- 2 skin tests (PPD) or an IGRA test (Quantiferon Gold/T-SPOT) within 6 months prior to arrival at Brown.

**Tuberculosis Skin Test**
- Two-step testing is required - 2 skin tests 1-3 weeks apart within 6 months prior to arrival at Brown.
- Date of Test #1:
- Date of Test #2:
- Date of Read #1:
- Date of Read #2:
- Result in mm #1:
- Result in mm #2:

**or IGRA**
- Quantiferon Gold or T-SPOT
- Date of Test:
- Results:
- Positive
- Negative
- Indeterminate
- Copy of lab report required

**Chest X-ray (Required if PPD or IGRA test is positive. Must be within 6 months of arrival at Brown)**
- Date:
- Results:
- Normal
- Abnormal
- Copy of chest x-ray required

**Latent TB Treatment** (only after a positive TB test/negative chest x-ray)
- Type of Treatment:
- Date Treatment Started:
- Date Treatment Completed:

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Signature of Healthcare Provider: ___________________________  Date: ______________________

Healthcare Provider Name:  (Please Print) /Clinic Stamp ___________________________

Address: ___________________________

Phone number: ___________________________  Fax Number: ___________________________
Medical Student Additional Immunizations

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<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<th>( \text{dd} )</th>
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<tbody>
<tr>
<td>DPT (Childhood Series)</td>
<td>Date of Dose #1:</td>
<td>Date of Dose #2:</td>
<td>Date of Dose #3:</td>
<td>Date of Dose #4:</td>
<td>Date of Dose #5:</td>
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<tr>
<td>Hepatitis A</td>
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<td>HPV</td>
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<td>Date of Dose #3:</td>
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<td>Meningococcal B Vaccine (Trumenba or Bexsero)</td>
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<td>Date of Dose #3:</td>
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<tr>
<td>Rabies Titer</td>
<td>Date:</td>
<td>☐ positive ☐ negative</td>
<td>Attach copy of report</td>
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<tr>
<td>Typhoid</td>
<td>Date:</td>
<td>☐ Oral ☐ Injectable</td>
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<td>Other (Pneumovax, Yellow Fever, Japanese Encephalitis)</td>
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