



BROWN

Health Services
Box 1928
Providence, RI 02912
401-863-3953

To return form, student must log in at
<https://patientportal.brown.edu> and
upload

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 – A, C, Y, W-135
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 Diphtheria 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 2020. Flu vaccine clinics are held at the medical school in the Fall.

Medical Student Additional Immunizations

- Document any additional immunizations on page 2



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Medical Student Immunizations, Titers & Tuberculosis Screening Record

Name Last First Middle Date of Birth mm dd yy

Address Street City State Zip Code Country

REQUIRED IMMUNIZATIONS

Table with 4 columns: Immunization Name, Dose Dates, Lab Results, and Additional Info. Rows include Hepatitis B, Measles/Mumps/Rubella, MMR, Meningococcal Vaccine, Tdap, and Varicella.

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

Table with 4 columns: Test Name, Test Dates, Results, and Lab/Report Info. Rows include Tuberculosis Skin Test, IGRA, Chest X-ray, and Latent TB Treatment.

Signature of Healthcare Provider: Date:

Healthcare Provider Name: (Please Print) /Clinic Stamp

Address

Phone number: Fax Number:



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Medical Student Additional Immunizations

Name Last First Middle Date of Birth mm / dd / yy

Table with 4 columns and 9 rows for immunization tracking. Rows include: DPT (Childhood Series), Hepatitis A, HPV, Meningococcal B Vaccine (Trumenba or Bexsero), Polio, Rabies, Rabies Titer, Typhoid, and Other (Pneumovax, Yellow Fever, Japanese Encephalitis).

Signature of Healthcare Provider: _____ Date: _____

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

Address _____

Phone number: _____ Fax Number: _____