



Name: \_\_\_\_\_

ID#: \_\_\_\_\_

**REQUIRED TESTING, IMMUNIZATIONS, AND TITRES FOR HEALTH SCIENCE STUDENTS**

**Disease Immunity: (Please read carefully) Documented proof of immunity is required.**

Immunization	Date Administered
Tdap (tetanus/diphtheria/pertussis) 1 adult dose	
Td (tetanus/diphtheria) if more than 10 years since Tdap	

Immunizations	Date Administered
MMR#1 (Measles, Mumps & Rubella)	
MMR#2 (Measles, Mumps & Rubella)	
Varicella Vaccine (chicken pox) #1	
Varicella Vaccine (chicken pox) #2	

**OR**

Immunity Titres	Date Administered	Results
Healthcare providers must record results of titres for the diseases listed below and <b><u>copy of lab report is required</u></b>		
Positive Measles Antibody IgG titre		
Positive Mumps Antibody IgG titre		
Positive Rubella Antibody IgG titre		
Positive Varicella (chicken pox) Antibody IgG titre		

Tuberculosis Testing <u>required annually</u>	Plant Date	Read Date	Results
TB Skin test (PPD) #1			
TB Skin Test (PPD) #2 (if required)			

**OR**

Tuberculosis Testing <u>TB blood test required annually</u>	Date Administered	Results <u>copy of lab/X-ray result is required</u>
QuantiFeron® (TB blood test)		
T-Spot® (TB blood test)		
Chest X-ray (w/in 2 yrs) after positive TB skin test		
Non-symptom TB Questionnaire (annually)		N/A

MD, NP, PA Signature: \_\_\_\_\_

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**Disease Immunity: (Please read carefully) Documented proof of immunity is required.**

Influenza Vaccine (for upcoming season) <u>(excludes Dental Hygiene students)</u>	Date Administered
Influenza Vaccine (seasonally required)	

Hepatitis B Immunity <u>copy of lab report is required</u>	Date Administered	Values
Hepatitis B vaccine #1		N/A
Hepatitis B vaccine #2		N/A
Hepatitis B vaccine #3		N/A
<b>**EVERY STUDENT <u>MUST HAVE</u> A HEP B SURFACE ANTIBODY TITRE DONE**</b>		
Hepatitis B surface antibody titre of immunity		

Advisory Committee on Immunization Practices (ACIP) recommends that healthcare personnel with written documentation of having received a properly spaced series of hepatitis B vaccine in the past (such as in infancy or adolescence) but who now test negative for anti-HBs should receive a single "booster" dose of hepatitis B vaccine and be retested 1–2 months later. Those who test positive following the "booster" dose are immune and require no further vaccination or testing. Those who test negative should complete a second series of hepatitis B vaccine on the usual schedule and be tested again 1–2 months after the last dose. Heplisav-B may be used to revaccinate new healthcare personnel (including the challenge dose) initially vaccinated with a vaccine from a different manufacturer in the distant past who have anti-HBs less than 10 mIU/mL upon hire or matriculation.

Heplisav-B is approved as a 2-dose schedule for persons age 18 years and older, including healthcare professionals. The doses should be separated by at least 4 weeks. Ask your healthcare provider for details.

MD, NP, PA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send original health forms to:  
 Student Immunization Records  
 2240 Iyannough Road  
 West Barnstable, MA 02668  
 774-330-4331 Phone  
 508-375-4039 Fax