Student Name:	Date of Birth:
Social Security No	Telephone:
School Entering:	E-mail:

There are 3 pages to this form. Please use this checklist to make sure that all of the requirements are met and copies of records are attached. Allow sufficient time for records to be evaluated <u>before</u> classes begin.

Copies of <u>official</u> records: lab reports, immunizations, tuberculosis (TB) skin tests, evaluation and treatment of positive skin test or active TB, and history and physical examinations are the only records that will be accepted.

Letters from parents or providers will not be accepted as proof of these requirements unless accompanied by the records. Records must be legible and have student's name on each page. Also listed are recommendations for immunizations or records of immunizations that may be required by institutions for student rotations or for protection against other diseases endemic in areas that may be chosen for rotations.

All students with patient contact must have the vaccines with (+)

	тсом	GSBS	SPH	PA	PT
Hepatitis A	optional	optional	optional	optional	optional
Hepatitis B	+	+	+	+	+
Influenza	optional	optional	optional	optional	optional
Meningococcal	optional	optional	optional	optional	optional
MMR	+	+	+	+	+
Pneumococcal	optional	optional	optional	optional	optional
PPD	+	+	+	+	+
Td/Tdap	+	+	+	+	+
Varicella	+	+	+	+	+

If you do not have copies of your immunization records *antibody titers may be done to document immunity or you may be re-immunized -- you must provide a copy of the lab report.

Measles – 2 doses	attach lab copy
OR	
MMR(measles, mumps & rubella) – doses	
OR	
Positive antibody titer	
Rubella – 1 dose	attach lab copy
OR	
MMR - 2 doses	
OR	
Positive antibody titer	
Mumps – 2 doses	attach lab copy
OR	
MMR - 2 doses	
OR	

Positive antibody titer	
Positive varicella (chickenpox) antibody titer	attach lab copy
Tetanus/Diphtheria (Td)	attach lab copy
OR	
Tetanus/Diphtheria/Adult Pertussis (Tdap) immunization	-44h-l-h
Hepatitis B immunization or Twinrix (combination hepatitis A and hepatitis B) – must have all 3 doses	attach lab copy
Positive hepatitis B antibody titer	
If you are in the process of getting the hepatitis B series (3 doses over 6-	
month period) a hepatitis B antibody titer is required 8-12 weeks following	
the third dose.	
Tuberculosis skin test (PPD) will be given during orientation. No charge	
for skin test unless failure to have checked (read) within 48-72 hours – if	
not will be repeated at a \$5.00 charge.	
Past positive TB skin test – an evaluation of positive skin test by the **	attach lab copy
Tarrant County Department of Health is required	
OR	
Provide copies of records if you have had treatment with TB medications	
for active disease or latent TB infection.	
OR Provide copies of Chest Xrays	
Flovide copies of Cliest Alays	
***BCG vaccine – if you have had BCG vaccine in the past, a TB skin test	attach lab copy
is still required. If you have had a positive TB skin test, a health	attach lab copy
department evaluation is required. An option to the health department	
evaluation is a blood test that will distinguish whether the positive skin test	
is a result of latent infection with tuberculosis, a false positive test, or the	
result of the BCG vaccine. The test can be performed at the ****Dallas	
County Health Department. If the results are due to latent infection with	
TB, a referral will be made to the health department for treatment if	
indicated.	
History and Physical examination (H&P) within 3-6 months before starting classes. <i>The H&P forms MUST be legible and signed by the provider</i> .	attach lab copy
You may use the H&P form (optional) located at	
www.hsc.unt.edu/education/studenthealth/forms.htm	
RECOMMENDED	attach lab copy
Hepatitis A series – 2 doses. May do Twinrix immunizations – 3 doses	attach lan copy
Primary polio series – infant/childhood records	
Primary tetanus series – infant/childhood records	

^{*}Titers are lab tests that check for immunity to disease. If the lab results do not indicate immunity then immunization or re-immunization is required.

^{**}After review of your records, if you have not had an evaluation by the health department for your positive skin test, one may be arranged by contacting the Tarrant County Health TB Clinic @ 1101 S. Main Street, Ft. Worth, TX 76104. Telephone: 817-321-4900. www.tarrantcounty.com/ehealth/ewp/view.asp?A-763&Q=430433

^{***}BCG vaccine, bacilli Calmette-Guerin, is a vaccine used in many countries with high prevalence of TB to prevent childhood tuberculosis, meningitis, and military disease. BCG is not used to prevent infection with *Mycobacterium* tuberculosis which causes pulmonary tuberculosis. Since it is difficult to determine whether a positive TB skin test reaction is due to BCG or due to infection with *Mycobacterium* tuberculosis, a positive skin test result will be treated as possible infection with *Mycobacterium* tuberculosis.

****Dallas County Health Department is located @ 2377 N. Stemmons Freeway, Dallas, TX. Telephone: 214-819-2071. www.dallascounty.org/department/hhservices/services/tuberculosis/tb_treatment.htm

Mail or fax your records to:

Advanced Medical Clinic/Student Health 3400 Camp Bowie Blvd., Suite #113 Ft. Worth, TX 76107 studenthealth@unthsc.edu

Telephone: 817-735-0369 Fax: 817-735-0651