

# Student Health Service Immunity Form

Name: \_\_\_\_\_  
(Last) (First) (Mi)

Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

(Must be completed *PRIOR* to *ARRIVAL*)

**Non-compliant students will be excluded from classroom and/or patient care areas.**

**Tuberculosis Testing:** Must have a 2 step Tuberculin (TB) skin test **or** one Interferon-Gamma Release Assays (IGRA) (T-Spot) or (QFT) within 3 months of the incoming student deadline.

Have you had a positive Interferon-Gamma Release Assays (IGRA)? Yes No

If yes – Chest X-ray (must be after the positive test result) \_\_\_\_\_ Result \_\_\_\_\_ Email copy of report \_\_\_\_\_

If treatment taken:  INH or  Rifampin or other (check one)

Duration of therapy \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_.

Have you had a positive TB skin test measured 10mm or larger Yes No

- Did you take treatment? Yes\_\_\_\_ No\_\_\_\_

- Chest X-ray (must be after the positive result) \_\_\_\_\_ Result \_\_\_\_\_ Attach copy of report \_\_\_\_\_

- If treatment taken: INH or Rifampin or other (check one)

- Duration of therapy \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_. Email documentation of your positive test result and treatment record.

**Tuberculosis Testing:** You must have a 2 step Tuberculin (TB) skin test or IGRA blood test for Tuberculosis (T-spot or QFT) within 3 months of starting school.

#1 - TB skin test Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm. The first test must be within the past 12 months. -  
If this test is negative less than 10mm then will need a 2<sup>nd</sup> TB skin test at least 1 week apart and within 3 months of starting school.

- If test is positive greater than 10mm then you will need to do the TB blood test, InterferonGamma Release Assays (IGRA)

- If IGRA test is negative then you are have completed the TB testing requirements.

#2 TB skin test Date Read: \_\_\_\_\_ Result: \_\_\_\_ mm. The 2<sup>nd</sup> TB test must be within 3 months of starting school and must be placed at least 1 week since the first TB test.

- If 2<sup>nd</sup> TB skin test is negative, less than 10mm, then you have completed TB testing.

- If test is positive, greater than 10mm, then you will need to do the TB blood test, InterferonGamma Release Assays (IGRA)

- If IGRA test is negative then you have completed the TB testing requirements.
- If the IGRA test is positive, then you will need to provide a chest x-ray report dated after the positive test result.

OR

Interferon-Gamma Release Assays (IGRA) test (T-spot or QFT.) if you elect to do the TB blood test (IGRA), T-spot or Quatiferon TB Gold are both acceptable. This must be done with 3 months of starting school. . **Copy sent to [Studenthealthservice@wusm.wustl.edu](mailto:Studenthealthservice@wusm.wustl.edu)**

T-Spot testing date collected: \_\_\_\_ Outcome: (-) = negative (+) = positive or  QFT testing date collected: \_\_\_\_ Outcome: (-) = negative (+) = positive. Must supply copies of all laboratory testing.

<b>Tetanus – Diphtheria – Pertussis (Tdap)</b>		<i>Date</i>
Written, authentic documentation of One dose of the adult Tdap in the past 10 years.		
<input type="checkbox"/> Tetanus-Diphtheria-Pertussis (Tdap) (Adult booster must be within the last 10 years)		
<b>MMR</b>		<i>Date</i>
Written, authentic documentation of 2 MMR vaccines or 2 doses of Measles vaccine, 2 doses of Mumps vaccine and 1 dose of Rubella vaccine or Serologic proof of immunity for Measles, Mumps and Rubella. <b>Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></b>		
<input type="checkbox"/> MMR Vaccine #1 <input type="checkbox"/> MMR Vaccine #2  <input type="checkbox"/> Measles vaccine #1 <input type="checkbox"/> Measles vaccine #2  <input type="checkbox"/> Mumps Vaccine #1 <input type="checkbox"/> Mumps Vaccine #2  <input type="checkbox"/> Rubella Vaccine #1		
OR		
Written, authentic documentation of Serologic proof of immunity for Measles, Mumps and Rubella. <b>Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></b>		
<b>Rubeola/Rubella/Mumps IgG antibodies/titer</b>	Measles (Rubeola) IgG antibody <b>Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></b>	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
	Rubella IgG antibody <b>Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></b>	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
Mumps IgG antibody <b>Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></b>		

	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
If <b>NEGATIVE</b> blood test results, must receive Re-immunization MMR vaccinations.	#3 MMR Re-immunization Date	
	<i>28 days apart</i>	
	#4 MMR Re-immunization Date	
<b>Varicella (Chicken Pox)</b>		<b>Date</b>
<p>Written authentic documentation of 2 doses of Varicella vaccine.  Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></p> <p style="text-align: center;"><b>Or</b></p> <p>Written authentic documentation of the laboratory evidence of immunity of a positive Varicella IgG antibody.  Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a></p>		
<b>Varicella IgG antibody titer (must supply copy of laboratory report confirming immunity) or vaccination dates. History of illness not acceptable.</b>	Varicella IgG antibody Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a>	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
	<b>OR</b>	
	<input type="checkbox"/> Varivax #1	
	<input type="checkbox"/> Varivax #2	
<b>Hepatitis B</b>		<b>Date</b>
Documentation of 3 doses of the Hepatitis B vaccine <b>AND</b> positive Quantitative. You must include a copy of the lab report with your legal name.		
<b>Hepatitis B Vaccine REQUIRED for Med, OT, PT and PACs programs. (Those who are in a hospital/clinic or patient care area, or who have direct contact with patients or research study participants)</b>	<input type="checkbox"/> Hepatitis B vaccine #1	
	<input type="checkbox"/> Hepatitis B vaccine #2	
	<input type="checkbox"/> Hepatitis B vaccine #3	
<b>Hepatitis B surface antibody titer (must supply copy of laboratory report confirming immunity)</b>	<b>REQUIRED</b> if completed series and enrolled in Med, OT, PT and PACs programs. <input type="checkbox"/> Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a> Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
Quantitative	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
<b>If Hepatitis B Antibody Negative after having had the full 3 dose series, an additional Hepatitis B vaccine is needed. Retest the Hepatitis B antibody after 1 month of the additional dose. If Hepatitis B antibody still negative then complete remaining 2 doses of 2<sup>nd</sup> series.</b>		

If negative Hepatitis B Surface Antibody) Hepatitis B #4 Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a>	
Hepatitis B Vaccine #5 Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a>	
Last dose of series is 3 to 6 months after 1 <sup>st</sup> dose of this series. Hepatitis B Vaccine #6 Copy sent to <a href="mailto:Studenthealthservice@wusm.wustl.edu">Studenthealthservice@wusm.wustl.edu</a>	
<b><u>COVID -19</u></b>	<b><u>Date</u></b>
Required to provide proof of full vaccination with an FDA-authorized or World Health Organization approved COVID-19 vaccine or an <a href="#">approved exemption</a> .	
COVID – 19 #1 Primary series	
COVID – 19 #2 Primary series	
<b>OR</b>	
COVID – 19 Updated Vaccine	
<b>ADDITIONAL VACCINES</b> You may have already received, but are NOT required for entrance to the program	
Hepatitis A vaccine #1	
Hepatitis A vaccine #2	
Polio last booster	
<input type="checkbox"/> Menomune <b>or</b> <input type="checkbox"/> Menactra	
HPV Vaccine #1	
HPV Vaccine #2	
HPV Vaccine #3	
Yellow Fever	
Typhoid	<input type="checkbox"/> oral <input type="checkbox"/> injection

This form is a worksheet only - must be completed on-line by July 15<sup>th</sup> for Fall Semester and 1 month prior to school starting for Summer Semester. All other required proof of immunity scan and email a PDF copy to [Studenthealthservice@wusm.wustl.edu](mailto:Studenthealthservice@wusm.wustl.edu).