



VISITING STUDENT HEALTH REQUIREMENTS FORM

Student Name _____ School _____

1. HISTORY AND PHYSICAL EXAMINATION

All students must undergo a complete history and physical examination within 12 months prior to the start of the rotation.

Date of last complete history and physical examination _____

2. REQUIRED LABORATORY TESTING

ALL students MUST have the following lab tests regardless of past immunization: Acopyoftheseblood testsmustbeattached

- (a) Hepatitis B surface antigen
- (b) Hepatitis B surface antibody QUANTITATIVE
- (c) Hepatitis B core antibody

3. TUBERCULOSIS TESTING

All students must undergo TB testing using the Mantoux method or an FDA-approved blood assay for TB within 3 months from the start of the rotation. The student must also have another documented negative PPD within the 12 months prior to this test or utilize a two-step method prior to the rotation. Under the two-step method, a second test is performed 1-3 weeks after the first test.

Date of PPD Test : #1 _____

Read: _____

PPD Test Results: _____ mm. induration/// _____ Negative _____ Positive

Date of PPD Test: #2 _____

Read: _____

PPD Test Results: _____ mm. induration/// _____ Negative _____ Positive

Students with a history of a positive PPD test should not be retested. Those individuals should be considered "previously infected" and cared for accordingly (i.e. chest x-ray examination must be within the last 12 months).

Date of Positive PPD Test: _____

Date of most recent chest x-ray: _____

Result: _____

Was medication given for positive PPD Test? _____ Yes _____ No

List medication(s) and dates used: _____

4. REQUIRED IMMUNIZATIONS

Measles – Mumps – Rubella: Students must have received 2 doses of live-virus measles vaccine after the first birthday, and no less than 1 month apart, at least 1 dose administered in 1980 or later; 1 dose of live-virus mumps vaccine; 1 dose of live-virus rubella vaccine or 2 doses of live-virus MMR (measles-mumps-rubella) vaccine or serologic proof of immunity (A copy of the blood test must be attached)

MMR (Measles, Mumps and Rubella):
Date of Immunization: #1 _____ #2 _____ OR _____
Date of Positive Titer _____

Measles:
Dates of Immunization: #1 _____ #2 _____ OR _____

German Measles (Rubella):
Date of Immunization: _____ OR _____

Mumps:
Date of Immunization: _____ OR _____

Tetanus-Diphtheria-Acellular Pertussis (TdaP): Last booster must have been within the last ten years.

Date of last booster: _____

Hepatitis B: Students must have received 3 doses of Hepatitis B Vaccine AND demonstrate quantitative serologic proof of immunity
Date(s) of Immunization:

#1 _____ #2 _____ #3 _____

Date of Quantitative HepBsAby titer _____ (A copy of the blood test must be attached)

Varicella (Chicken Pox): Students must receive 2 doses of varicella vaccine 4 to 8 weeks apart or demonstrate serologic proof of immunity

#1 _____ #2 _____ OR **Date of Positive Titre** _____
(A copy of the blood test must be attached)

Influenza: Students **must** obtain annual influenza vaccination.

Date of last immunization _____

I certify that the above information is correct to the best of my knowledge

Attending Physician Signature Attending Physician Name (Printed) Date

Address Phone