

UCCOM VISITING STUDENT IMMUNIZATION RECORD

Name of Applicant _____ DOB _____ SS# _____

The UCCOM requires that all students participating in clinical rotations show proof of testing for tuberculosis and of immunity to measles, mumps, rubella, varicella, tetanus/diphtheria and hepatitis B. Applicants must be free from infectious diseases at the start of the elective. Any student who becomes ill with a communicable disease during participation as a visiting student is **REQUIRED** to notify the course director/attending physician, and remove himself/herself from patient care activity. All students must report any absences to the Registrar. ***This University of Cincinnati Visiting Student Immunization Form must be completed and signed by a health official at your school and submitted with elective application.***

CERTIFICATION BY PHYSICIAN, NURSE OR SCHOOL OFFICIAL

Please check the following immunizations that have been completed by the above named student.

_____ TB SKIN TEST (Mantoux): Within the past 12-month period.
Date: ___/___/___ Negative ___ Positive ___
Date: ___/___/___ Results _____
If above test positive, a chest xray from within the last 12-month period is required

_____ Tetanus/Diphtheria: Primary series plus Td booster within the last 10 years.
Td Booster – Date: ___/___/___

_____ MMR (measles, mumps, rubella): Vaccine or Positive Serology (2 doses of Measles are required. One dose since 1980.)
Measles Date: ___/___/___ ___/___/___
Mumps ___/___/___ ___/___/___
Rubella ___/___/___ ___/___/___
Measles ___/___/___ ___/___/___

_____ Hepatitis B: series of 3 doses
Dates: (1) ___/___/___ (2) ___/___/___ (3) ___/___/___
Titer: _____ Date _____ (should be 4-8 weeks after 3rd immunization).

_____ Varicella: 2 doses of vaccine at least 4 weeks apart or serologic evidence of immunity.
Varicella antibody titer: _____ Date: ___/___/___
Varicella vaccine: 1st dose ___/___/___
2nd dose ___/___/___

Student signature: _____ Date: _____

M.D., R.N., or School Official (Signature): _____ Date: _____

Name _____ Title _____
Address _____ Phone _____
