



## Mandatory Health Immunizations

**\*Please read this in its entirety\***

The UC Davis School of Medicine and the Permanente Medical Group requires that all active students remain current with the School's required health immunizations for personal protection and community health reasons. And, per UCDH Hospital Policy, all students must meet current UCDH standards for healthcare professionals.

**Accepted students must have all required immunizations prior to the start of the program** (Accepted students will have until **April 17, 2020** to submit all immunizations, failure to do so will result in loss of seat). **Applicants that submit their immunizations along with their application by March 1, 2020 will be given priority.**

*\*Costs associated with required testing and immunizations are the responsibility of the student.*

1. **Seasonal Flu Vaccine:** Students must obtain their seasonal flu vaccination and **provide documentation** confirming that they have been vaccinated.
2. **MMR (Measles, Mumps, Rubella):** 2 doses of MMR vaccine **or** serologic proof of immunity for Measles, Mumps, and/or Rubella.
3. **Varicella (Chicken Pox):** 2 doses of vaccine **or** positive serology. History of illness as proof of immunity is **not acceptable**.
4. **Hepatitis B:** 3 doses of vaccine **and** a **QUANTITATIVE** Hepatitis B Surface Antibody (titer - numerical value). A numerical titer value greater than or equal to 12 IU/ml is considered immune. (The vaccination series alone is not enough, **titer is needed**)
  - a. If you had 3 doses of the Hepatitis B vaccine as a child and the quantitative surface antibody titer comes back lower than 12 (11.9 IU/ml), ask your health provider for a **booster shot** followed by a repeat quantitative titer.
  - b. If the titer result is negative after the booster shot, please complete a second Hepatitis B vaccine series followed by a repeat quantitative titer (this is typically the case when someone has never had a Hep B vaccine series).
  - c. If Hepatitis B Antibody titer is negative after secondary series or after booster, additional testing should be performed.

**Please note:**

1. A Quantitative Hepatitis B Surface Antibody (titer - numerical value) **must be completed**; different testing (ie. immune/not immune) **will not be accepted unless your provider is Kaiser**.
2. The Hepatitis B quantitative titer results can take a few weeks to process and there are delays associated with the time between receiving a booster shot and getting a repeat quantitative titer. Please get these tests done **ASAP**, as this can delay your application from being processed.



5. **Hepatitis C:** Negative antibody Hepatitis C titer (anti-HCV). Titer result must be **within 90 days** of your start date (Testing can start March 17, 2020). If positive, please complete a viral load to ascertain disease & complete counseling on reverse transmission. Refer to PCP for any potential follow ups.
  
6. **T-dap:** Must be within 10 years, if not within 10 years, an updated vaccination is **required**.
  
7. **Tuberculosis Screening:**  
**Preferred: Quantiferon** - Negative Quantiferon lab test **within 90 days** of your start date (June 15, 2020). If positive, complete Alternative Option 2 (below). This test would replace a 2- step PPD Skin Test.  
Alternative Option 1: PPD Skin Test - Evidence of PPD skin test results within the last 365 days of your start date (June 15, 2020) **AND** evidence of an additional PPD skin test results within the last **90 days** of the start of the program. **Otherwise** a 2-step PPD is required. 2<sup>nd</sup> test placement must be a minimum of 7 days after the read of the first test. (*Example: If 1<sup>st</sup> test was read on Wednesday then the 2<sup>nd</sup> test can be placed next Wednesday the earliest, with the Friday read date.*) The 2<sup>nd</sup> step should be **within 90 days** of the start of the program.  
Alternative Option 2: Chest X-Ray - If PPD or Quantiferon result is positive, evidence of a "clear" or normal chest x-ray **within 90 days** of the start of the program (June 15, 2020) is required.

PLEASE NOTE: The UC Davis School of Medicine Health Immunization Policy will be updated periodically to comply with national (CDC) and UCDH standards. Students will be notified of changes in the School's immunization policy and will be held responsible for complying with the most current requirements of the School. **YOU WILL NOT BE ALLOWED IN ANY CLINICAL SETTING IF YOU ARE NOT COMPLIANT WITH THE CRITERIA ABOVE. IMMUNIZATION REQUIREMENTS CAN CHANGE AT ANY TIME AND STUDENTS ARE EXPECTED TO ADHERE TO CURRENT REQUIREMENTS.**



# UC Davis School of Medicine Health Requirements

All students must have the following immunizations and infectious disease/immunity screening performed before participating in the UC Davis Prep Médico Program. This form **must be completed by your health care provider**.

**Please note: the results for Hepatitis C and Tuberculosis Screening must be within 90 days of your start date (Starting March 17, 2020). This form must be submitted along with your application on March 1, 2020 for priority consideration into the program. Accepted scholars will have until April 17, 2020 to submit Hep C and TB screening results.**

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

- 1) **Seasonal Flu Vaccine:** Students must obtain their seasonal flu vaccination and **provide documentation** confirming that they have been vaccinated. Documentation must include vaccine name, date and facility name. **UC Davis does not provide the flu vaccine to Prep Médico students.**
- 2) **MMR (Measles, Mumps, Rubella)** – 2 doses of MMR vaccine **or** serologic proof of immunity for Measles, Mumps, and/or Rubella.

MMR vaccine 1 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      MMR vaccine 2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Measles Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Mumps Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Rubella Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

- 3) **Varicella** – 2 doses of vaccine **or** positive serology. History of illness as proof of immunity is **not acceptable**.

Varicella vaccine 1 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Varicella vaccine 2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Varicella Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

- 4) **Hepatitis B Vaccination** – 3 doses of vaccine **and** a **QUANTITATIVE** Hepatitis B Surface Antibody (titer – numerical value). A numerical titer value  $\geq 12$  IU/ml is considered immune. The vaccination series alone is **not sufficient**. If you had a HEP B vaccine series as a child and the quantitative surface antibody titer comes back lower than 12 (11.9 IU/ml), ask your health provider for a booster shot followed by a quantitative titer. If negative, please complete a second Hepatitis B vaccine series followed by a repeat quantitative titer. If Hepatitis B Antibody titer is negative after secondary series or booster, additional testing should be performed. **Please note: a Quantitative Hepatitis B Surface Antibody (titer – numerical value) must be completed; different testing (ex. immune/not immune) will not be accepted.**

**Primary Hepatitis B Vaccine Series:**

Dose 1 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 3 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Quantitative Hepatitis B Surface Antibody (HBsAB) – Required**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ Value: \_\_\_\_\_ **(must include value)**

**Secondary Hepatitis B Vaccine Series: (being if titer is >12 IU/ml)**

Dose 4 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 5 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose 6 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Quantitative Hepatitis B Surface Antibody (HBsAB)**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ Value: \_\_\_\_\_ **(must include value)**

5) **Hepatitis C** – Negative antibody Hepatitis C titer (anti-HCV). Titer result must be **within 90 days** of your start date (Starting March 17, 2020). If positive, please complete a viral load to ascertain disease & complete counseling on reverse transmission. Refer to PCP for any potential follow ups.

Hepatitis C Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

6) **T-dap** – If not within 10 years, an updated Tetanus vaccine is **required**.

Vaccination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

7) **Tuberculosis Screening (please complete one option)**

**Preferred: Quantiferon** – Negative Quantiferon lab test **within 90 days** of your start date (Starting March 17, 2020). If positive, complete Alternative Option 2 (below). This would replace a 2-step PPD skin test.

Quantiferon Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

**Alternative Option 1: PPD Skin Test** – Evidence of PPD skin test results within the last 365 days of your start date (June 15, 2020) **AND** evidence of PPD skin test results **within the last 90 days** of your start date. **Otherwise** a 2-step PPD is required. 2<sup>nd</sup> test placement must be a minimum 7 days after the read of the first test. Example: If 1<sup>st</sup> test was read on Wednesday then 2<sup>nd</sup> test can be placed next Wednesday the earliest, with the Friday read date.) The second step should be **within 90 days** of your start date.

1<sup>st</sup> PPD Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_mm  Negative  Positive

2<sup>nd</sup> PPD Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_mm  Negative  Positive

**Alternative Option 2: Chest X-Ray** – If PPD skin test or Quantiferon result is positive, evidence of a “clear” or normal chest x-ray **within 90 days** of the start of the program (March 17, 2020) is required.

Chest X-Ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ Completed at: \_\_\_\_\_

History of Treatment:  Yes  No If Yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed at: \_\_\_\_\_

**I verify that the Health Requirement information provided is accurate and true.**

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

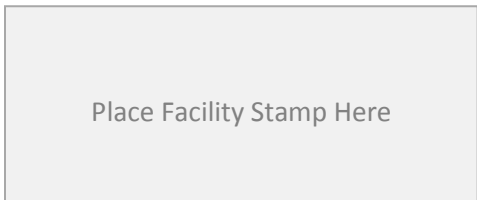
License #: \_\_\_\_\_

State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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



Please submit this completed form on **March 1, 2020** to UC Davis Prep Médico Program: [hs-prepmedico@ucdavis.edu](mailto:hs-prepmedico@ucdavis.edu).

If accepted into the program you will be required to turn in Hep C and TB verification by April 17, 2020.

You will not be allowed in any clinical setting if you are not compliant with the criteria above. Immunization requirements can change at any time and students are expected to adhere to current requirements.