MANDATORY HEALTH IMMUNIZATIONS

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. The health clearance requirements include diagnostic tests; positive hepatitis B antibody test; and demonstration of immunity to rubella, rubeola, varicella and mumps.

Proof of all immunizations is due on APRIL 17, 2020. Without a completed Health Requirements form, your application WILL NOT BE CONSIDERED. 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. UC Davis does not provide the flu vaccine to Prep Medico students.

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 Vaccination – 3 doses of vaccine and a QUANTITATIVE Hepatitis B Surface Antibody (titer – numerical value). A numerical titer value ≥ 12 IU/ml is considered immune. The vaccination series alone is not sufficient.
   a. If you had 3 doses of the Hepatitis B vaccine injection 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: a Quantitative Hepatitis B Surface Antibody (titer – numerical value) must be completed; different testing (ie. immune/not immune) will not be accepted.

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.

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

7. Tuberculosis Screening
   Preferred: Quantiferon – Negative Quantiferon lab test within 90 days of your start date (March 17, 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 PPD skin test results within the last 90 days of the start of the program. Otherwise a 2-step PPD is required. 2nd test placement must be a minimum 7 days after the read of the first test. Example: If 1st test was read on Wednesday then 2nd test can be placed next Wednesday the earliest, with the Friday read date.) The second 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 (March 17, 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. Currently, and in accord with UCDH policy, all students are required to receive seasonal flu and Tdap vaccinations. 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.
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 ≥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. 2nd test placement must be a minimum 7 days after the read of the first test. Example: If 1st test was read on Wednesday then 2nd 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.

1st PPD Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result: _____mm □ Negative □ Positive

2nd 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: ________________________________

Place Facility Stamp Here

Please submit this completed form on **April 17, 2020** to UC Davis Prep Médico Program: hs-prepmedico@ucdavis.edu.

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.