UC Davis School of Medicine Health Requirements

All medical students must have the following immunizations and infectious disease/immunity screening performed before attendance at UCD SOM. This form must be completed by your health care provider.

Student Name: _____

1) 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: _____

2) 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: _____

3) Hepatitis B Vaccination – *3 doses of vaccine followed by a **QUANTITATIVE** Hepatitis B Surface Antibody (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, additional testing should be performed. **Please note**: a Quantitative Hepatitis B Surface Antibody (titer) **must be completed;** different testing will not be accepted. A titer ≥12 IUml is considered immune. The vaccination series alone is not sufficient.*

Primary Hepatitis B Vaccine Series:

Dose 1: ____/____/_____ Dose 2: ____/____/_____ Dose 3: ____/____/_____

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

Date: ____/____/_____ Result: _____Value: _____ *(must include value)*

Secondary Hepatitis B Vaccine Series *(begin if titer is negative)*:

Dose 4: ____/____/_____ Dose 5: ____/____/_____ Dose 6: ____/____/_____

Quantitative Hepatitis B Surface Antibody (HBsAB)

Date: ____/____/_____ Result: _____Value: _____ *(must include value)*

4) Hepatitis C –*Negative antibody Hepatitis C titer (anti-HCV). Titer result must be within 90 days of your start date. 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: _____

5) T-dap: *If not within 10 years, recommend (but not required) an updated Tetanus vaccination.*

Vaccination Date: ____/____/_____

6) Tuberculous Screening (please complete one option):

Option 1: PPD Skin Test - *Evidence of PPD skin test result within 365 days of your start date 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 the 1st test was read on Wednesday then the 2nd test can be placed next Wednesday the earliest, with a 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

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 your start date is required.*

Chest X-ray Date: ____/____/_____ Result _____Completed at: _____

History of Treatment: Yes or No If Yes, Date: ____/____/_____ Completed at: _____

Option 3: Quantiferon - *Negative Quantiferon lab test within 90 days of your start. If positive, complete option #. This test would replace a 2 step PPD.*

Quantiferon Date: ____/____/_____ Result: _____

I verify that the Health Requirement information provided is accurate and true.
Name/Title: _____
Signature: _____
License #: _____
State: _____
Phone: _____
E-mail: _____
Date: _____

Place Facility Stamp Here

Please submit the completed form to UC Davis SOM Registrar's Office: 4610 X Street, Suite 1208 Sacramento CA 95817, or fax to 916-734-2178, or email to HS-studentrecords@ucdavis.edu. For questions please email HS-Studentrecords@ucdavis.edu
Immunization requirements can change at any time and students are expected to adhere to current requirements.