

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. 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 Immunity – 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: ____/___ Secondary Quantitative Hepatitis B Surface Antibody (HBsAB) (if first titer is negative)

Date: ____/____ Result: _______Value: _____ (must include value)

Student Name:
4) Hepatitis C –Negative antibody Hepatitis C titer (anti-HCV). Titer result must be <u>within 90 days</u> 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. 2 nd test placement must be a minimum 7 days after the read of the first test. Example: If the 1 st test was read on Wednesday then the 2 nd 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. 1 st PPD Date Placed:/ Date Read:/ Result:mm
Option 2: Quantiferon - Negative Quantiferon lab test within 90 days of your start. If positive, complete option #3.
This test would replace a 2 step PPD. Quantiferon Date:/ Result:
Option 3: 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:/ ResultCompleted at:
History of Treatment: Yes or No If Yes, Date:// Completed at:
I verify that the Health Requirement information provided is accurate and true. Name/Title: Signature: License #: State: Phone: E-mail: Date:
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.