

University of Minnesota Academic Health Center

Student Tuberculosis & Immunization Form

The Academic Health Center requires that students in an Academic Health Center (AHC) program meet all immunization requirements below.

- It may take up to 6 months to complete these requirements.
- This form must be completed, signed and dated by a health care provider and submitted to the Immunization Tracking Service where it will become part of your official medical record.
- **Keep a copy** of this form and any other documentation for your personal immunization records.

Last Name	First Name	Middle Name
Date of Birth (month/day/year)	Email Address	Student ID number
Street Address	City	State, ZIP Code
College or School (if medical resident, use "GME")		

ALL TUBERCULOSIS AND IMMUNIZATIONS BELOW (FRONT & BACK OF THIS FORM) MUST BE COMPLETED PRIOR TO ENROLLMENT.

<p><u>Tuberculin Skin Test (TST) 2-Step Required Once</u> Document two TST's applied at least one week apart but no more than 30 days apart. If both are negative, annual TST required thereafter.</p> <p>NOTE 1: TST may not be placed within 28 days of a live vaccination, such as a MMR, to be considered valid. NOTE 2: Must have baseline 2-step TST prior to annual TSTs.</p>	<p>___/___/___ 1st date applied</p>	<p>___/___/___ Date read</p>	<p>_____ mm Reading in mm</p>	<p><u>Circle Interpretation</u> Positive Negative</p>
<p><u>Annual Tuberculosis Testing:</u> TST must be performed within the last 12 months. OR <u>Annual IGRA will meet requirements</u> IGRA (T-Spot or QuantiFeron Gold) required annually If you've received BCG then an IGRA is recommended.</p>	<p>___/___/___ Date applied</p>	<p>___/___/___ Date read</p>	<p>_____ mm Reading in mm</p>	<p><u>TST Interpretation</u> Positive Negative</p> <p><u>IGRA Interpretation</u> Positive Negative</p>
<p>For a positive TST or positive IGRA Obtain a chest X-ray. For a positive TST and a negative IGRA must do annual IGRA. No chest X-ray required.</p>	<p>___/___/___ Chest X-ray date</p>		<p><u>Circle Interpretation</u> Positive Negative</p>	
<u>Required Immunizations</u>	<u>Dose Date</u> month/day/year		<u>Date of POSITIVE Titer</u>	
<p><u>Measles, Mumps, Rubella (MMR)</u> Document two doses after 12 months of age (minimum of 4 weeks between dose 1 and dose 2) OR A positive titer for each</p>	<p>___/___/___ ___/___/___ Dose 1 MMR date Dose 2 MMR date</p>		<p>___/___/___ Measles ___/___/___ Mumps ___/___/___ Rubella</p>	
<p>If measles, mumps and rubella were received as individual vaccinations, document two doses for each OR A positive titer for each</p>	<u>Measles</u>	<p>___/___/___ ___/___/___ Dose 1 Dose 2</p>	<p>___/___/___ Measles</p>	
	<u>Mumps</u>	<p>___/___/___ ___/___/___ Dose 1 Dose 2</p>	<p>___/___/___ Mumps</p>	
	<u>Rubella</u>	<p>___/___/___ ___/___/___ Dose 1 Dose 2</p>	<p>___/___/___ Rubella</p>	
<p><u>Tetanus/Diphtheria/Pertussis Tdap</u> Document one dose received July 2005 or later.</p>	<p>___/___/___ Tdap</p>		<p>Titer is not required</p>	
<p>After 1 dose of Tdap, Td is required every 10 years thereafter.</p>	<p>___/___/___ Td</p>		<p>Titer is not required</p>	

Name: _____ Student ID Number: _____

<u>Required Immunizations</u>	<u>Dose Date</u> month/day/year	<u>Date of Titer</u>
Varicella Document two doses of vaccine OR A positive titer OR Provider diagnosis of disease date	___/___/___ ___/___/___ Dose 1 Dose 2	___/___/___ Varicella
	___/___/___ Disease date	<u>Circle Titer Results</u> Positive Negative
Hepatitis B Document three doses OR Positive surface antibody titer	___/___/___ ___/___/___ Dose 1 Dose 2	___/___/___ Hep Bsab
	___/___/___ Dose 3	<u>Circle Titer Results</u> Positive Negative
Document if any additional Hepatitis B doses were received AND Surface antibody titer results	___/___/___ ___/___/___ Dose 4 Dose 5	___/___/___ Hep Bsab
	___/___/___ Dose 6	<u>Circle Titer Results</u> Positive Negative
If Hepatitis B Surface antibody titer is negative after 6 doses, provide Hepatitis B surface antigen and Hepatitis B core titers	___/___/___ Hep Bsag date	<u>Circle Titer Results</u> Positive Negative
	___/___/___ Hep B core date	<u>Circle Titer Results</u> Positive Negative
After 6 documented doses, hepatitis B vaccine and negative Hepatitis B surface antigen and core titers are considered a non-responder to vaccine.	___/___/___ Date considered non-responder	
Provider statement regarding other hepatitis B status issues:		

6/2015

To the best of my knowledge all the dates and immunizations listed on this form are accurate.

Provider's Signature: _____ Date: _____

Physician, Nurse Practitioner, Physician's Assistant or RN

Provider's Name Printed: _____ Phone Number: _____

Clinic Address: _____

ASSISTANCE & INFORMATION

For questions regarding this form, please email immunizations@bhs.umn.edu or call 612-626-5571.

SUBMISSION INSTRUCTIONS

1. Fax completed form to 612-626-9768
OR
2. Email to immunizations@bhs.umn.edu
OR
3. Mail (or drop off): AHC Immunization Tracking Service
c/o Boynton Health Service
410 Church Street S.E.
Minneapolis, MN 55455

To access your Tuberculosis and Immunization records, go to <https://eresearch.umn.edu/medgatePortal/>.
Form processing may take 7-10 days.