

University of Minnesota Academic Health Sciences Tuberculosis & Immunization Form

NEW
(This is your first time submitting this form.)

UPDATED
(If you are providing updates to your current immunization records)

The Academic Health Sciences (AHS) colleges, schools and centers require that learners in an AHS 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 via email to immunizations@umn.edu the Immunization Processing Office. **This form is required and immunization records cannot be accepted/submitted in its place. Any immunization records must accompany this form.**
- **Keep a copy** of this form and any other documentation for your personal immunization records.

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

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

Tuberculosis Screening: Baseline TB testing is required for all AHS learners. Annual testing is not required. Either a TB blood test (QuantIFERON TB-Gold or T-SPOT) **OR** a Two-Step TB skin test are acceptable.

TB BLOOD TEST	OR	Two-Step TST (Tuberculin Skin Test)
<p>QuantIFERON or T-SPOT: Interferon Gamma Release Assay (IGRA) within the past 12 months (required once)</p> <p>Date of IGRA: _____</p> <p>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	<p>OR</p>	<p>Two-Step TST*</p> <p>Two-Step TST: Report TWO TSTs applied more than 7 days or more apart AND within 12 months of each other (required once). **Please note: This requires two SEPARATE placements.</p> <p>Date placed: _____ Date read: _____</p> <p>Result: _____ mm induration</p> <p>Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Date placed: _____ Date read: _____</p> <p>Result: _____ mm induration</p> <p>Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>*IMPORTANT: If the Two-Step TST was completed > 12 months ago, you must provide documentation of a TST or IGRA performed within the past 12 months</p> <p>Date placed: _____ Date read: _____</p> <p>Result: _____ mm induration</p> <p>NOTE: TST may not be placed within 28 days of a live vaccination, such as a MMR, to be considered valid.</p>

CHEST X-RAY (REQUIRED ONCE For a positive QuantIFERON/IGRA or positive TST)

Date of Chest X-ray (must be **after** date of positive TB test result): _____ **Result:** **Normal** **Abnormal**

Name: _____ UMN ID Number: _____

Required Immunizations		Dose Date month/date/year		Date of POSITIVE Titer
Measles, Mumps, Rubella (MMR) Document two doses after 12 months of age (minimum of 4 weeks between dose 1 and dose 2) OR Positive titer for each		____/____/____ Dose 1 MMR date	____/____/____ Dose 2 MMR date	____/____/____ Measles ____/____/____ Mumps ____/____/____ Rubella
If measles, mumps and rubella were received as individual vaccinations , document two doses for each, given at appropriate intervals OR Positive titer for each	Measles	____/____/____ Dose 1	____/____/____ Dose 2	____/____/____ Measles
	Mumps	____/____/____ Dose 1	____/____/____ Dose 2	____/____/____ Mumps
	Rubella	____/____/____ Dose 1	____/____/____ Dose 2	____/____/____ Rubella
Varicella Document two doses after 12 months of age (minimum of 4 weeks between dose 1 and dose 2) OR Positive titer		____/____/____ Dose 1	____/____/____ Dose 2	____/____/____ Varicella
Tetanus/Diphtheria/Pertussis Tdap Document one dose received age 11 or older.		____/____/____ Tdap		Titer is not required
After 1 dose of Tdap , either Td or Tdap is required every 10 years.		____/____/____ Dose 1	or ____/____/____ Dose 2	Titer is not required
Hepatitis B Document three dose vaccine series or two doses of Heplisav-B given at appropriate intervals OR Positive Hepatitis B Surface Antibody titer		Three-Dose Series ____/____/____ ____/____/____ ____/____/____	Two-Dose Series (Heplisav -B only) ____/____/____ ____/____/____	____/____/____ Hepatitis B Surface Antibody
If you have completed the hepatitis B vaccine series and have a negative hepatitis B surface antibody titer, additional vaccination and re-testing for positive hepatitis B surface antibody titer is recommended. <i>*Any vaccines given prior to 2017 were part of a 3 dose series.</i>				

08/2022

This form must be signed by a healthcare provider other than the AHS learner. Self-signature will not be accepted.

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

Healthcare Provider's Signature (MD, NP, PA, RN): _____ Title: _____

Provider's Name Printed: _____ Date: _____

Clinic Address: _____

For questions regarding this form, email immunizations@umn.edu or call 612-625-7900.

Completed forms can be emailed to immunizations@umn.edu or faxed to 612-626-9768.

Yearly influenza vaccination records due by November 1st: z.umn.edu/ahsflushot

University level COVID-19 vaccination records: z.umn.edu/vaxreporting

AHS level COVID-19 vaccination records: z.umn.edu/HSC19vaccine

To access your Tuberculosis and Immunization records, go to <https://boynton.umn.edu/myboynton>

Form processing may take 7-10 business days.