

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.

- This form is required and immunization records cannot be accepted or submitted in its place.
- **Keep a copy** of this form and any other documentation for your personal immunization records.
- 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.
- It may take up to 6 months to complete these requirements.

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")		Program start date

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)

QuantIFERON or **T-SPOT:**

Interferon Gamma Release Assay (IGRA) within 12 months of program start date (**required once**)

Date of IGRA: _____

Result: **Negative** **Positive**

Two-Step TST*

Two-Step TST: Report TWO TSTs applied more than 7 days apart **AND** within 12 months of each other **AND** within 12 months of program start date (**required once**).

First placement

Date placed: _____ Date read: _____

Result: _____ mm induration

Interpretation: **Negative** **Positive**

Second placement

Date placed: _____ Date read: _____

Result: _____ mm induration

Interpretation: **Negative** **Positive**

Only if the above dates are **more than** 12 months ago, you **must** also provide results of a TST or IGRA performed within the past 12 months.

Date placed: _____ Date read: _____

Result: _____ mm induration

Interpretation: **Negative** **Positive**

NOTE: TST may not be placed within 28 days of a live vaccination, such as a MMR, to be considered valid.

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**

BOTH SIDES OF THIS FORM MUST BE SUBMITTED

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		____/____/____	____/____/____	____/____/____ 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	____/____/____	____/____/____	
	Mumps	____/____/____	____/____/____	
	Rubella	____/____/____	____/____/____	
Varicella Document two doses after 12 months of age (minimum of 4 weeks between dose 1 and dose 2) OR Positive titer		____/____/____	____/____/____	____/____/____ 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.		Td or Tdap (circle one)	____/____/____	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>				

09/2023

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, PharmD, DO): _____ Title: _____

Provider's Name Printed: _____ Date: _____

Clinic Address: _____

For questions regarding this form, email immunizations@umn.edu

Completed forms can be emailed to immunizations@umn.edu

Yearly influenza vaccination records due between August and November 1st: z.umn.edu/ahsflushot

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

To access your Tuberculosis and Immunization records, go to boynton.umn.edu/mvboynton

Form processing may take 7-10 business days.