

## STUDENT IMMUNIZATION RECORD

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print or type) Last First MI

HSC Badge # \_\_\_\_\_ Phone number: \_\_\_\_\_

**SCHOOL/PROGRAM ENTERING:**

School of Medicine	School of Dental	School of Health Professions	Nursing School	Graduate School	Non-Degree Student
<input type="checkbox"/> Deaf Education <input type="checkbox"/> Medicine	<input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Adv. Dental School <input type="checkbox"/> Dental School	<input type="checkbox"/> Clinical Laboratory Sciences <input type="checkbox"/> Emergency Health Sciences <input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Respiratory Care	<input type="checkbox"/> Graduate <input type="checkbox"/> Accelerated <input type="checkbox"/> Traditional	<input type="checkbox"/> Biomedical Engineering <input type="checkbox"/> Cellular & Structural Biology <input type="checkbox"/> Clinical Investigation <input type="checkbox"/> Integrated Multidisciplinary Graduate Program (IMGP) <input type="checkbox"/> Molecular Medicine <input type="checkbox"/> Pharm. D. <input type="checkbox"/> Physiology	<input type="checkbox"/> Non-Degree

**IMMUNIZATION HISTORY:** This section is to be completed by a MD, P A, N P, D O and signed on the bottom of this card.

**HEPATITIS B ONLY OR HEPATITIS A&B COMBO VACCINE:**

Date: 1) \_\_\_\_\_ Date: 2) \_\_\_\_\_ Date: 3) \_\_\_\_\_

**AND**

Hepatitis B Antibody Titer: Date: \_\_\_\_\_ Immune \_\_\_\_\_ Not Immune \_\_\_\_\_ Value: \_\_\_\_\_

**TUBERCULOSIS:**

**1<sup>st</sup> PPD test**

**TST:** Date Placed \_\_\_\_\_ Time \_\_\_\_\_ Date Read \_\_\_\_\_ Time \_\_\_\_\_ **Results:** \_\_\_\_\_ mm \_\_\_\_\_ Positive \_\_\_\_\_ Negative

**2<sup>nd</sup> PPD test**

**TST:** Date Placed \_\_\_\_\_ Time \_\_\_\_\_ Date Read \_\_\_\_\_ Time \_\_\_\_\_ **Results:** \_\_\_\_\_ mm \_\_\_\_\_ Positive \_\_\_\_\_ Negative

**- OR -**

**BAMT:** Date: \_\_\_\_\_ **Results:** \_\_\_\_\_ Negative \_\_\_\_\_ Positive

**IF POSITIVE READING**

CXR results: \_\_\_\_\_ date: \_\_\_\_\_ TB screening: \_\_\_\_\_ Date: \_\_\_\_\_

**VARICELLA (CHICKEN POX):**

1st immunization Date: \_\_\_\_\_ 2<sup>nd</sup> immunization Date: \_\_\_\_\_

**- OR -**

Date of disease (month & year): \_\_\_\_\_

**- OR -**

Varicella Titer: Date: \_\_\_\_\_ Immune \_\_\_\_\_ Not Immune \_\_\_\_\_ Value: \_\_\_\_\_

**MUMPS, MEASLES (RUBEOLA), RUBELLA:**

1<sup>st</sup> immunization Date: \_\_\_\_\_ 2<sup>nd</sup> immunization Date: \_\_\_\_\_

**- OR -**

Mumps Titer: Date: \_\_\_\_\_ Immune \_\_\_\_\_ Not Immune \_\_\_\_\_ Value: \_\_\_\_\_

Measles Titer: Date: \_\_\_\_\_ Immune \_\_\_\_\_ Not Immune \_\_\_\_\_ Value: \_\_\_\_\_

Rubella Titer: Date: \_\_\_\_\_ Immune \_\_\_\_\_ Not Immune \_\_\_\_\_ Value: \_\_\_\_\_

**DIPHTHERIA-TETANUS (Td) OR DT PERTUSSIS (Tdap):**

**FLU VACCINE:**

**MENINGITIS (Age 22 and less):**

Date of booster: \_\_\_\_\_ Date of vaccination: \_\_\_\_\_ Date of vaccination: \_\_\_\_\_

Provider Name (Print) \_\_\_\_\_ Title (M.D., D.O., P.A., N.P.) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

## IMPORTANT STUDENT IMMUNIZATION RECORD

Required routine immunizations **must be completed prior to registration** to protect your health, the health of patients, and to minimize any adverse reactions during the early part of your training/education.

### Important Notes:

Return your Immunization Record to the Student Health Center at least 30 days prior to Registration.

Please fax or email your Immunization Record to The Student Health Center at 210-567-5903 or [SHC@UTHSCSA.edu](mailto:SHC@UTHSCSA.edu) as soon as possible. You should go to your physician or health care provider immediately with this form, since it may take some time to obtain the required information and signature.

Please fax/email the Student Immunization Record form, chest x-ray report (if positive TB) and lab reports of all titers that are done. Please Do Not fax/email your personal immunization record.

All information needs to be transferred on the above form and signed by a MD, DO, NP, PA.

### TWINRIX/Hepatitis B:

The Health Science Center will accept either the standard Hepatitis B (3 injections) or the expedited Hepatitis A&B (TWINRIX) combo vaccine series (4 injections) and antibody titer results. The Hepatitis B series can take between 4 to 6 months to complete. The (TWINRIX) combo series can be completed in approximately 3 to 4 weeks and requires a booster at 1 year. It may also be given in the same sequence as the Hep B series over a six month period. It is slightly more expensive than the Hep B six month series; however if there is limited time to complete the requirement Twinrix expedited is recommended.

If antibody titer is negative then repeat the 3 or 4 series again. Repeat the antibody titer again after one month of the last dose. If antibody titer is negative after the 2<sup>nd</sup> series then additional test will be required.

### TDAP:

Need Documentation of at least one Tdap in the last 10 years regardless of the time since the most recent TD vaccination.

### TUBERCULOSIS (TB skin test (TST) or BAMT – blood test (Q-gold or T spot):

If you have never had a TST or IGRA blood test you will need a 2 step baseline TST or BAMT.

Previous negative TST result > 12 months – 2 step baseline TST or BAMT.

Previous documented negative TST < 12 months – one step TST (need both the results documented).

>2 previous documented negative TST recent TST > 12 months – one step TST (need both the results documented).

Previous documented positive TST (> or = 10mm) – No TST or BAMT. Require documentation in mm of the positive TST or lab results for BAMT and chest x-ray that states no evidence of active tuberculosis after the positive read and symptom evaluation. Attached symptoms evaluation must be filled out.

Previous undocumented Positive TST – 2 step baseline TST or BAMT

Previous BCG vaccination – 2 step baseline TST or BAMT.

## Mumps, Measles and Rubella (MMR):

All students must submit **one** of the following:

1. Documentation of two immunizations administered on or after the first birthday and at least 30 days apart;  
Or
2. Laboratory report of positive immune serum antibody titer (IgG). Attach lab report.

## MENINGITIS:

In accordance with the Texas Higher Education Coordinating Board (THECB), all entering students are to be vaccinated against bacterial meningitis within the **past five years** in which the student initially enrolls at an institution of higher education.

Per the THECB, the following are exceptions to the meningitis requirement:

- 1) The student is **22** years of age or older by the first day of the start of the semester; or
- 2) The student is enrolled only in online or other distance education courses; or
- 3) The student is enrolled in a continuing education course or program less than 360 contact hours, or continuing education corporate training; or
- 4) The student is enrolled in a dual credit course taught at a public or private K-12 facility not located on a higher education campus; or
- 5) The student is incarcerated in a Texas prison.

## Varicella:

All students must submit **one** of the following:

3. Documentation of two immunizations administered on or after the first birthday and at least 30 days apart,  
Or
4. Documentation from a MD, DO, NP, PA on the month/date/year of the previous disease (chicken pox or zoster)  
OR
5. Laboratory report of positive immune serum antibody titer (IgG) (quantitative). Attach lab report.

## Influenza:

If you have got influenza in the annual FLU season please provide documentation of it. If you have not received the influenza in the annual season – it will be administered once on campus in the annual FLU.