



**Immunization Requirements for Visiting Medical Students
Must be completed prior to rotation at Penn State College of Medicine**

Print Name _____ Date of Birth _____

Proof of immunity by serology. Attach copies of the laboratory reports.

Titer	Date of Titer	Result of Titer	If not immune, give re-immunization date		
			1 st	2 nd	3 rd
Hepatitis B IgG quantitative*					
Rubeola Antibody IgG					
Mumps Antibody IgG					
Rubella Antibody IgG					
Varicella Antibody IgG					

* If Hepatitis B titer is negative re-immunization with a 3 dose series and a re-titer is required.

Hepatitis B Status. Complete A or B.

A. Immunization Series. List dates of injection.

1st Dose _____ 2nd Dose _____ 3rd Dose _____

B. If you have had prior hepatitis B infection, list the date and results of hepatitis B testing.

Result _____ Date _____

Varicella: 2 doses of vaccine.

Date of Disease	Immunization Dates	
	1 st dose date	2 nd dose date

Tetanus-diphtheria and acellular pertussis note: Tdap, given as a booster if not received previously. An interval as short as 2 years since the most recent DT, DtaP, or Td may be used.

Date: Tdap, DT or Td _____

Tuberculin Status. An intradermal tuberculin skin test (5 TU-PPD) within the past SIX Months are required unless the student is known to have a previous significant (positive) skin test. A multiple-puncture (Tine test) is not acceptable. Note: a chest X-ray must follow a new positive tuberculin skin test.

Date Placed	By Signature
Date Read	Print Name
Result (in mm Induration)	Address

If positive skin test, attach a copy of the last X-ray report.

Date of last chest X-ray	
Report of last chest X-ray	

Dean or Designee's Signature _____ Date _____