Instructions for Completing the Healthcare Student Immunization Record

The Office of the University Physician at Michigan State University must have complete and accurate documentation about your immunization status to ensure that you and your patients are protected during clinical training**. Healthcare professional students will not be allowed to participate in clinical experiences until this information has been submitted, evaluated, and is in compliance with the Centers for Disease Control and Prevention Guidelines for Healthcare Workers.** Your information will be entered into a secure web-based record. You will have access to this website and be able to print out your information. The website is www.hcpimmunize.msu.edu.

Please complete the Healthcare Professional Student Immunization form and attach COPIES of your immunization records, titers (blood tests), and TB test results. Send to the Office of the University Physician, 463 East Circle Drive – Room 123, Olin Memorial Health Center, Michigan State University, East Lansing, MI 48824-1037 or email to uphys@msu.edu. **Please keep the originals for your permanent records.**

Once your information is received, it will be evaluated. A monthly message will be sent to your MSU email that indicates your compliance status.

Costs associated with immunizations, monitoring, and titers are the responsibility of the student. Check with your insurance company to determine what vaccines may be covered and if there are restrictions on where you may receive them. MSU Student Health Services (SHS) will bill your insurance for vaccinations. The appointment line for SHS is 517-353-4660. If you have questions, please call us at 517-353-9101 or email uphys@msu.edu.

Ref #	Vaccine Type	Requirements and Instructions
1)	Measles (Rubeola)	Two doses of live measles vaccine, given on or after the first birthday and spaced *at least 28 days apart* **and** a titer **OR** positive titer
2)	Mumps	Same requirements as Measles
3)	Rubella	One dose of live rubella vaccine given on or after the first birthday **and** a titer **OR** positive titer Rubella vaccine is often given along with the two doses of Measles and Mump vaccine (MMR). Please indicate both dates of vaccine administration if you received this type of vaccination series.
4)	Varicella (chickenpox)	Two doses of varicella vaccine given on or after the first birthday and spaced *at least 28 days apart if given at age 13 or older, 3 months if given before age 13,* **and** a titer **OR** positive titer (if you have had chicken pox disease, you must titer to prove immunity)
5)	Hepatitis B	Two or three doses of appropriately spaced Hepatitis B vaccine (Two dose series Hepatitis B only applies when two doses of Heplisav-B are used at least 4 weeks apart) **AND** a positive titer **OR** history of disease verified by lab evidence *Titer instructions- Wait 28 days after the 2nd or 3rd dose of vaccine before getting a titer (Titering after 2nd dose only applies when two doses of Heplisav-B are used at least 4 weeks apart); it is important to have a titer done within two months of vaccine completion in order to get accurate results. If negative titer results after an appropriately spaced initial vaccine series, additional doses of vaccine will be required.
6)	Tetanus, Diphtheria and Pertussis	One **adult** dose of Pertussis containing vaccine **AND** Tetanus and Diphtheria vaccine within 10 years. An adult dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) satisfies the requirement for all, if given within the last 10 years. **There is no minimum interval required between last Td and Tdap.**
7)	Polio	Three appropriately spaced doses of vaccine are **recommended**.
8)	Tuberculin Test	A two-step tuberculin skin test and tuberculin skin test annually thereafter. Test results must be reported in millimeters. "Negative" is an interpretation and not an acceptable result. Second step tuberculin skin test must be read 1-3 weeks after the first. **OR** A single blood test and annually thereafter. **If prior history of a positive tuberculin skin test:** Present documentation of reactive TB skin test, chest X-ray results, treatment plan, and symptom monitor. Each situation will be assessed on an individual basis by the University Physician staff. Annual follow-up will be determined based the assessment. **If prior history of a positive blood test:** Present documentation of positive blood test, chest X-ray results, treatment plan, and symptom monitor. Symptom monitors will be required annually.
9)	Influenza	Influenza vaccine annually prior to November 1. Exceptions will be made for those with detailed documentation of valid medical contraindications.

The major source of this information comes from the Centers for Disease Control and Prevention. Immunization of Health Care Workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). The guidelines are available on line at: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

Name: _____ , _____ PID: _____ College: COM ☐ CON ☐ CHM ☐
Last Name First Name

Birth Date: _____ Entering Semester: _____ _____
Semester (Fall, Spring, or Summer) Year

OFFICE OF THE UNIVERSITY PHYSICIAN

Healthcare Professional Student (HCP) Immunization Form

Ref#	Vaccine	Dates			Titer
1	Measles (Rubeola)	/ / M D YYYY	/ / M D YYYY		/ / M D YYYY **Immune:** Yes ☐ No☐
2	Mumps	/ / M D YYYY	/ / M D YYYY		/ / M D YYYY **Immune:** Yes ☐ No☐
3	Rubella	/ / M D YYYY	/ / M D YYYY		/ / M D YYYY **Immune:** Yes ☐ No☐
4	Varicella (Chickenpox)	/ / M D YYYY	/ / M D YYYY		/ / M D YYYY **Immune:** Yes ☐ No☐
5	Hepatitis B	/ / M D YYYY	/ / M D YYYY	/ / M D YYYY	/ / M D YYYY **Immune:** Yes ☐ No☐ If quantitative titer, enter number_____MIU/mL
6	ADULT - Tdap Tetanus, Diphtheria, Pertussis	/ / M D YYYY			
7	Polio (Recommended) **Mark Type:** IPV☐ OPV☐	/ / M D YYYY	/ / M D YYYY	/ / M D YYYY	/ / M D YYYY / / M D YYYY / / M D YYYY
8	Tuberculin Test	/ / M D YYYY	Skin Test Results: _____mm	Blood Test Results: _____	IF history of a reactive or positive TB test, go to http://www.uphys.msu.edu/files/attachment/18/original/TB_Initial.pdf, print out an Initial TB Symptom Monitor, complete it, and send it in with this form.
		/ / M D YYYY	Skin Test Results: _____mm	Blood Test Results: _____	