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COLLEGE OF OSTEOPATHIC MEDICINE

# | Student Immunizations

## Student Health Immunization Requirements

Regulatory and legislative authorities require that students demonstrate immunization, immunity and/or protection from multiple contagious diseases before being allowed to participate in clinical experiences. CHSU requires that students meet all immunization requirements prior to matriculation and must maintain compliance with these requirements through graduation. Descriptions of CHSU immunization requirements specifically addressing Varicella, Measles, Mumps, Rubella, Hepatitis B, Tuberculosis, Influenza, Tetanus/Diphtheria/Pertussis (TDAP), and COVID-19 are presented below.

Required laboratory evaluations and immunizations are subject to review and modification based on recommendations from the Centers for Disease Control (CDC) and, the Advisory Committee on Immunization Practices (ACIP), the United States Prevention Task Force (USPTF) and other public health agencies. Students will be notified of any changes and will be required to comply with any mandated changes upon receipt of notice from CHSU.

### Important Notes Regarding Vaccination Requirements:

1. Clinical experiences are part of the basic curriculum to obtain a degree of Osteopathic Medicine, and therefore, CHSU does not waive vaccination or student health requirement for religious, medical or personal reason except where required by law. Exceptions may be made in relation to COVID-19 Vaccine.
2. Students will **not** be allowed to participate in any patient care activities, including but not limited to early clinical experience, health outreach events, international mission trips and clinical rotations, until all immunization requirements have been met.
3. Inability to participate in the clinical experiences due to non-compliance with CSHI immunization policies may result in unexcused absences leading to failure of a course, academic probation, promotion board hearing, delay in graduation or even dismissal from the program.

### PLEASE NOTE:

CHSU immunization requirements are described in detail below. All incoming and current students must log all immunization requirements on the CHSU immunization form. **This form must be completed in its entirety and signed by a physician or qualified health care provider verifying the required information.**

In addition, students are required to submit supporting documentation such as immunization records and titers.

Student Name: Last, First \_\_\_\_\_ DOB: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## COVID-19 & Seasonal Flu

**COVID Vaccination:** Provide current vaccination, including primary series and booster(s) as per CDC current guidelines.

**Seasonal Flu Vaccination:** Provide documentation of current annual vaccination.

- Flu vaccination is to be completed by **October 1, each year of enrollment.**

		Date	Series # or QR Code	Copy Attached
<b>Pfizer-BioNTech</b> 2-Doses of Vaccine and Booster	Pfizer-BioNTech dose 1		Lot # _____ or QR Code	
	Pfizer-BioNTech dose 2		Lot # _____ or QR Code	
<b>Moderna</b> 2-Doses of Vaccine	Moderna dose 1		Lot # _____ or QR Code	
	Moderna dose 2		Lot # _____ or QR Code	
<b>Johnson &amp; Johnson</b> (Janzen) 1-Doses of Vaccine	J & J dose 1		Lot # _____ or QR Code	
			Lot # _____ or QR Code	
<b>Booster</b> At least 5 months after completing Pfizer or Moderna primary COVID-19 vaccination series  At least 2 months after receiving J&J/Janssen COVID-19 vaccination	Pfizer-BioNTech Booster		Lot # _____ or QR Code	
	Moderna Booster		Lot # _____ or QR Code	
<b>Influenza</b> 1 dose annually each fall	Seasonal Flu Vaccine		Name: _____	

Student Name: Last, First \_\_\_\_\_ DOB: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Hepatitis B

### A Quantitative Titer is required.

If negative titer (<10 IU/ml) provided students must:

- Repeat the vaccination series: 2-shot Heplisav-B series OR the 3-shot series (Engerix-B, Recombivax, Twinrix).
- Repeat quantitative titer.
- Submit documentation of:
  - 2-dose vaccine (Heplisav-B)
  - OR 3-dose vaccine (Engerix-B, Recombivax, Twinrix)
- Submit repeat Quantitative titer results.

\*Note: Clinical sites may require an updated Titer.

For more information, visit: <http://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf>

QUANTATIVE Hep B Surface Antibody (Anti HBs)		Date		Copy Attached
			_____ IU/ml	
<b>If negative titer (&lt;10 IU/ml) provided</b>  <u>students must repeat</u> the 2-shot Heplisav-B series <b>OR</b> the 3-shot series ((Engerix-B, Recombivax, Twinrix)  <u>Followed by a repeat Quantitative Titer</u>	<b>Vaccination Series</b>	<b>3 Dose Vaccine Administered</b> (Engerix-B, Recombivax, Twinrix)	<b>2 Dose Vaccine Administered</b> (Heplisav-B)	<b>Copy Attached</b>
	Hepatitis B Vaccine #1			
	Hepatitis B Vaccine #2			
	Hepatitis B Vaccine #3			
	<b>QUANTATIVE Hep B Surface Antibody (Anti HBs)</b>		_____ IU/ml	
<b>Hepatitis B Vaccine Non-responder</b> (If Hepatitis B Surface Antibody Negative after Primary and Secondary Series)	Hepatitis B Surface Antigen		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
	Hepatitis B Core Antibody		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Chronic Active Hepatitis B</b>	Hepatitis B Surface Antigen		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
	Hepatitis B Viral Load		_____ copies/ml	

Student Name: Last, First \_\_\_\_\_ DOB: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Measles, Mumps and Rubella (MMR)

Provide documentation of 2 MMR vaccines OR a positive antibody Titer showing immunity.

If negative Titer is provided, students must:

- Obtain booster vaccination.
- Repeat Quantitative Titer.
- Submit documentation of booster vaccination.
- Submit repeat Quantitative Titer results.

\*Note: Note: a 3rd-dose of MMR vaccine may be advised during regional outbreaks of measles or mumps if original MMR vaccination was received in childhood.

Option 1	Vaccine	Date			Copy Attached
<b>MMR</b> 2-Doses of MMR Vaccine	MMR Dose 1				
	MMR Dose 2				
Option 2	Vaccine or Titer Test	Date			
<b>Measles</b> 2 doses of vaccine or positive serology	Measles Vaccine Dose 1		<b>Serology Results</b>		
	Measles Vaccine Dose 2		Qualitative Titer Results	Positive Negative	
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results	____ UI/ml	
<b>Mumps</b> 2 doses of vaccine or positive serology	Mumps Vaccine Dose 1		<b>Serology Results</b>		
	Mumps Vaccine Dose 2		Qualitative Titer Results	Positive Negative	
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results	____ UI/ml	
<b>Rubella</b> 1 dose of vaccine or positive serology			<b>Serology Results</b>		
	Rubella Vaccine Dose 1		Qualitative Titer Results	Positive Negative	
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results	____ UI/ml	

## TDAP Vaccination Series

Provide documentation of a current TDAP (tetanus/diphtheria/pertussis) vaccine.

TDAP is considered current if administered within 10 years.

- Required to repeat when expires.
- TD or DTAP will not be accepted.

	Date		Copy Attached
Tdap Vaccine (Adacel, Boostrix, etc)			
Tdap Vaccine Booster (If more than 10 years since last Tdap)			

Student Name: Last, First \_\_\_\_\_ DOB: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Tuberculosis Screening

Provide documentation of QuantiFERON TB GOLD test within the last 12 months.

- Note: Annually required each year of enrollment.

If results are positive, please provide a clear chest x-ray. Chest x-rays are valid for 5 years.

- Note: TB Skin Tests & T-spot tests are not accepted.
- Some clinical sites may require additional TB screening methodologies; this will be dealt with on case-by-case basis.

		Date	Result	Interpretation	
<b>TB IGRA (QuantiFERON Gold)</b> (Interferon Gamma Release Assay)				Positive Negative	
TB Status-Chest X-ray			Results:		
<b>TB INH treatment</b>			Yes No		
If treated for latent TB, list medications taken:					
Total duration of treatment latent TB?				_____ Months	
<b>History of Active Tuberculosis</b>	Date of Diagnosis				
	Date of Treatment Completed				
	Date of Last Chest X-ray				

## Varicella (Chicken Pox)

A Quantitative Titer is required. If negative titer provided students must:

- Obtain booster.
- Repeat quantitative titer.
- Submit documentation of booster vaccination.
- Submit repeat Quantitative titer results.

\*Note: Clinical sites may require an updated Titer.

	Date			Copy Attached
Varicella Dose 1		<b>Serology Results</b>		
Varicella Dose 2		Qualitative Titer Results	Positive Negative	
Serologic Immunity (IgG antibody titer)		Quantitative Titer Results	_____ UI/ml	

**MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER OR INSTITUTIONAL DESIGNEE**

Authorized Signature	Date	Office Use Only
Printed Name		
Title		
Address		
City		
State and Zip code		
Phone		
Fax		
Email Contact		