STUDENT IMMUNIZATIONS

REFERENCE GUIDE

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CHSU COLLEGE OF OSTEOPATHIC MEDICINE

CHSU CALIFORNIA HEALTH SCIENCES UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE

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 Unites 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 the White Coat Ceremony or 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 CSHU 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 this reference guide. In addition, students are required to submit **supporting documentation** such as **immunization records and titers.** This is for reference only and any documentation supplied by your provider is what you will upload into the immunization system. Documentation submitted **MUST** include student's full name, vaccine name or lab result, and date of administration or blood draw.

CHEAT SHEET

REQUIREMENTS AT A GLANCE

— VACCINE	— REQUIREMENT	— RESULT	— GOOD TO KNOW
COVID-19	Completed primary series AND 1 booster dose	IF YES: You are complete. Submit documentation to MyRecordTracker.	If you received the Johnson & Johnson vaccine, only 1-dose of the vaccine AND 1 booster is required.
		IF NO: Complete primary series and booster, OR submit a medical or religious exemption form to the Office of Student Affairs.	If completing an exemption form, submit to the Office of Student Affairs for review
HEP-B	Quantitative titer from within the past 5 years. (Kaiser qualitative is accepted)	IF POSITIVE: You are complete. Submit documentation to MyRecordTracker.	*2-dose series: Doses administered 1 month apart. *3-dose series: First two doses administered 1month apart; third dose 6 months after rst dose. If your PCP does not o er quantitative test, a qualitative test will be accepted along with a doctor's note
		IF NEGATIVE: Complete 2-dose Heplisav-B OR 3-dose Engerix-B/Recombivax, AND repeat quantitative titer 4–6 weeks later.	
MMR MEASLES · MUMPS RUBELLA	2 documented MMR vaccines OR positive quantitative titer, within last 5 years	IF YES: You are complete. Submit documentation to MyRecordTracker.	
		IF NO: Obtain MMR vaccines OR submit documentation of booster AND repeat quantitative titers.	
QUANTIFERON GOLD TB MUST BE A BLOOD DRAW	Submit documentation of a QuantiFERON GOLD TB Test dated from within the last 12 months.	IF NEGATIVE: You are complete. Submit documentation to MyRecordTracker.	*MUST BE RENEWED ANNUALLY *We cannot accept T-Spot or Skin Test. *Chest x-ray will ONLY be accepted if there is a prior documented positive TB rest.
		IF POSITIVE: Provide documentation of a clear chest x-ray (valid for 5 years).	

Students must upload all required immunization records to MyRecordTracker. Documents must clearly show the student's full name, vaccine name or lab result, and date of administration or blood draw. Incomplete or unclear submissions will not be accepted. $10 annual renewal fee to required to remain active through graduation.

Questions: Ms. Tianna Taylor (tianna.taylor@chsu.edu)

CHEAT SHEET

REQUIREMENTS AT A GLANCE

— VACCINE	— REQUIREMENT	— RESULT	— GOOD TO KNOW
SEASONAL FLU	Completed primary series AND 1 booster dose	**IF YES** → You are complete. Submit documentation to MyRecordTracker. **IF NO** → You are still complete— obtain 2026-27 flu vaccine by Oct. 1st!	*Flu vaccines given prior to May 2026 will be considered complete for prematriculation requirements BUT require completion of the new 2026-2027 flu vaccine by October 1st, 2026 and every year after.
TDAP WE CANNOT ACCEPT DTAP OR TD	Documented vaccine from within the last 10 years.	**IF YES** → You are complete. Submit documentation to MyRecordTracker. **IF NO** → Obtain TDAP vaccine by prematriculation deadline.	*TDAP vaccinations that expire during the program must be updated.
VARICELLA (CHICKENPOX)	Quantitative OR qualitative titer from within the last 5 years.	**IF POSITIVE** → You are complete. Submit documentation to MyRecordTracker. **IF NEGATIVE** → Obtain 1 booster AND repeat titer 4-6 weeks later.	

MISSED THE PRE-MATRICULATION DEADLINE?

Contact Ms. Tianna Taylor (tianna.taylor@chsu.edu)

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COVID-19 & Seasonal Flu

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

- Medical and religious COVID-19 exemption forms are available from the Office of Student Affairs upon request. Medical exemption forms must be completed and signed by a healthcare provider.

Seasonal Flu Vaccination: Provide documentation of current annual vaccination.

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

Pfizer-BioNTech 2-Doses of Vaccine and Booster	Pfizer-BioNTech dose 1
	Pfizer-BioNTech dose 2
Moderna 2-Doses of Vaccine	Moderna dose 1
	Moderna dose 2
Johnson & Johnson (Janzen) 1-Doses of Vaccine	J & J dose 1
Booster At least 5 months after completing Pfizer or Moderna primary COVID-19 vaccination series	Pfizer-BioNTech Booster
At least 2 months after receiving J&J/Janssen COVID-19 vaccination	Moderna Booster
Influenza 1 dose annually by **Oct. 1st**	Seasonal Flu Vaccine

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.

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

Hepatitis B

A Quantitative Titer is required.

- *Positive titer documentation obtained within five (5) years of the matriculation date will be accepted to satisfy this requirement.*

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.

If your provider only offers qualitative Hepatitis B titer testing, please submit a note from the provider indicating this limitation and upload the documentation to the immunization system along with the test results.

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

QUANTATIVE Hep B Surface Antibody (Anti HBs)	
If negative titer (<10 IU/ml) provided **students must repeat** the 2-shot Heplisav-B series **OR** the 3-shot series ((Engerix-B, Recombivax, Twinrix) **Followed by a repeat Quantitative Titer 4-6 weeks after last booster.**	**Vaccination Series**
	Hepatitis B Vaccine #1
	Hepatitis B Vaccine #2
	Hepatitis B Vaccine #3
	QUANTATIVE Hep B Surface Antibody (Anti HBs)
Hepatitis B Vaccine Non-responder If Hepatitis B Surface Antibody Negative after Primary and Secondary Series, please provide the following documentation:	Hepatitis B Surface Antigen
	Hepatitis B Core Antibody
Chronic Active Hepatitis B	Hepatitis B Surface Antigen
	Hepatitis B Viral Load

Measles, Mumps and Rubella (MMR)

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

- *Positive titer documentation obtained within five (5) years of the matriculation date will be accepted to satisfy this requirement.*

If negative Titer is provided, students must:

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

*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
MMR 2-Doses of MMR Vaccine	MMR Dose 1
	MMR Dose 2
Option 2	**Vaccine OR Titer Test**
Measles 2 doses of vaccine or positive serology	Measles Vaccine Dose 1
	Measles Vaccine Dose 2
	Serologic Immunity (IgG antibody titer)
Mumps 2 doses of vaccine or positive serology	Mumps Vaccine Dose 1
	Mumps Vaccine Dose 2
	Serologic Immunity (IgG antibody titer)
Rubella 2 dose of vaccine or positive serology	
	Rubella Vaccine Dose 1
	Rubella Vaccine Dose 2
	Serologic Immunity (IgG antibody titer)

Tuberculosis Screening

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

- **This is a blood draw**
- 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.

TB IGRA (QuantiFERON Gold) (Interferon Gamma Release Assay)	
TB Status-Chest X-ray	
TB INH treatment	
If treated for latent TB, list medications taken:	
Total duration of treatment latent TB?	
History of Active Tuberculosis	Date of Diagnosis
	Date of Treatment Completed
	Date of Last Chest X-ray

Varicella (Chicken Pox)

A Quantitative or Qualitative Titer is required.

- *Positive titer documentation obtained within five (5) years of the matriculation date will be accepted to satisfy this requirement.*

If negative titer provided students must:

- Obtain one or two boosters depending upon provider's recommendation.
- Submit documentation of booster vaccination.
- Repeat quantitative or qualitative titer.
- Submit repeat quantitative or qualitative titer results.

*Note: Clinical sites may require an updated Titer.

Varicella-Zoster Virus (VZV) IgG	Serologic Immunity (IgG antibody titer)
If negative titer: < 1.1 (indicates that adequate IgG antibodies were not detected, meaning there is no laboratory evidence of immunity from prior infection or vaccination). ***Note: Exact numerical cutoffs can vary by testing facility, so you should always refer to the specific reference range provided on your laboratory report.***	**Vaccination Series**
	Varicella Vaccine #1
	Varicella Vaccine #2
students must receive one or two boosters (depending on provider's recommendation).	*If Varicella titer is Negative after booster(s), please provide the following documentation: • Original two-dose vaccine series **AND** repeat negative titer.
Followed by a repeat Quantitative or Qualitative Titer 4-6 weeks after last booster.	