VISITING STUDENT
IMMUNIZATION RECORD FORM

Name: _____ **Date of Birth:** _____
(Print)

Visiting students applying for enrollment to UMass Medical School clinical electives must complete the following medical requirements. Copies of reports must be in English or translated by a certified translator to be considered valid. Applicants must be free of communicable diseases prior to the start of their elective. Should you become ill with a communicable disease during your enrollment, you are required to notify your course director\attending physician and remove yourself from patient activity.

Please note: Students who are infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. It is therefore the professional responsibility of visiting students who are infected with blood-borne pathogens to self-identify and report their infection status to the Assistant Dean for Student Advising **at least 2 months** prior to starting a rotation at UMMS. If, based on current established guidelines, a student is deemed as a significant risk for infecting others with a blood-borne pathogen, that student will not be permitted to do rotations in any fields involving exposure-prone procedures.

The following information is to be completed and signed by your Health Care Facility.

1. **MEASLES, MUMPS, RUBELLA (MMR)**: Provide MMR immunizations **(2 doses of vaccine) OR positive titer results** as proof of immunity. A copy of the titer reports **MUST** be attached. **(Please note: If any titer is negative, documentation of 2 doses of MMR are required.)**

   MMR #1 _____ (MM/DD/YYYY) **MMR #2** _____ (MM/DD/YYYY)

   Measles titer: _____ (MM/DD/YYYY)
   Rubella titer: _____ (MM/DD/YYYY)
   Mumps titer: _____ (MM/DD/YYYY)
   } **Lab reports MUST be attached.**

2. **TETANUS DIPTHERIA (Td/Tdap):** A one- time Tdap **2005 or after** is **required**. Include last Td date also.

   Tdap _____ (MM/DD/YYYY) Td _____ (MM/ DD/YY)

3. **HEPATITIS B:** Provide **BOTH** Hepatitis B immunization dates (3 doses) **AND** a positive Hepatitis B surface antibody titer.

   * **Hepatitis B Immunization**: Students from other institutions visiting UMMS for Clinical rotations must submit a lab report to the UMMS Office of Student Affairs at the time of application documenting HBV immunity with a positive HBV surface antibody titer.

   Hep B #1 _____ (MM/DD/YYYY) Hep B #4 _____ (MM/DD/YYYY)
   Hep B #2 _____ (MM/DD/YYYY) Hep B #5 _____ (MM/DD/YYYY)
   Hep B #3 _____ (MM/DD/YYYY) Hep B #6 _____ (MM/DD/YYYY)

   * HBSab Titer: _____ (MM/DD/YYYY) **Result:** **P**ositive ☐ **N**egative

   ** If a student remains seronegative for HBV surface antibody after completing the HBV immunization series they will need to provide documentation of negative HBV surface antigen before being medically cleared.

   ** HBS surface Ag : _____ (MM/DD/YYYY) **Result:** **P**ositive ☐ **N**egative

4. **VARICELLA (Chickenpox):** Varicella Immunization (2 doses of vaccine) **or** a positive Varicella Titer **(lab report MUST be attached).**

   Varicella #1: _____ (MM/DD/YYYY) **Varicella #2:** _____ (MM/DD/YYYY)

   Varicella Titer: _____ (MM/DD/YYYY) Do you have a history of Varicella? Yes ☐ No ☐
   If Yes, Date: _____ **(note: history of disease does not exempt you from titer)**

5. **Seasonal Flu Vaccination:** Documentation of the Seasonal Flu vaccine is required during the flu season. If a student has medical reasons for not receiving the flu shot, documentation of this medical exemption is required and the student will be required to wear a mask on all clinical rotations and may be excluded from some patient interactions.

   Seasonal Flu Vaccine **Administered**: _____
   month/day/year

6. 2- STEP TUBERCULIN SKIN TEST (TST): 2 step TST or Quantiferon Gold Serology or T-Spot result.

If you have no history of a 2-step TST, you will need to complete two TST's (Ideally1-4 weeks apart), within 3 months prior to the start of rotation.

If you have had a 2-step in the past and have maintained annual TST testing since your 2 step please provide this documentation – Only one TST is required to be completed within 6 months prior to the start of rotation.

If you have had a previous TST within the current year only one TST is required to be completed within 6 months prior to the start of rotation. **Please be sure to provide documentation of both.**

	TST Plant Date (MM/DD/YYYY)	TST Read Date (MM/DD/YYYY)	Positive Results	Negative Results	mm of Induration
1	____/____/____	____/____/____	☐	☐	_____ mm
2	____/____/____	____/____/____	☐	☐	_____mm

If Applicable: Quantiferon Gold		Please Attach Lab reports	If Applicable: T-Spot		Please Attach Lab Reports
Date ____/____/____	Results ____/____/____		Date ____/___/____	Results ____/___/____	

If you have had a positive TST, a copy of a chest x-ray report at any point after the positive result date must be submitted as well as documentation of any subsequent treatment (i.e. INH)** **History of BCG Vaccine does not exempt students from completing the 2-stepTST. ** Also please fill out, sign and date, the attached History of Positive TST Symptom Review form attached within 3 months prior to the start of elective rotation.**

Date of Positive TST	Mandatory documentation or repeat TST Required	Treated with Medication.	Date of Chest X-Ray (Copy of Report must be attached)	Results of Chest X-Ray
Date: ____/____/____	mm of indurations _____ mm	Yes ☐ NO ☐ Dates of Treatment: ___/___/___ to ___/___/___	Date: _____/_____/_____	_____
If HISTORY OF BCG VACCINE DATE: _____/_____/_____				

CERTIFICATION BY PHYSICIAN, NURSE OR SCHOOL OFFICIAL

I certify that the above immunization information is accurate and this patient is free of Blood Borne Pathogen Infection (i.e. HIV, Hepatitis B, or Hepatitis C) or other communicable diseases.

EXAMINER NAME: _____
(PRINT)

Title: _____ School: _____

EXAMINER SIGNATURE: _____ DATE: _____
MD/ NP/ PA/RN

Completed forms and lab results from US, Canadian and Puerto Rico schools can be:

- electronically uploaded to (VSAS) *
- scanned and emailed to Janice.Robert@umassmed.edu
- faxed to: 4th Year Electives @ 508-856-5536

* Reducing PDF File Size to upload to VSAS:

1. Open up the PDF file in Adobe Acrobat (or you can do these steps when you create the file initially)
2. Go to File Menu
3. Click Print
4. Choose "Adobe PDF" as your printer
5. Click the "Properties" button
6. Under the "Default Settings" drop down menu, choose "Smallest File Size" and click "OK".
7. Click "OK" again to create the PDF file

Completed forms and lab results from all International schools can be:

- mailed to: Janice M. Robert
  Student Affairs, Rm. S1-131
  UMass Medical School
  55 Lake Avenue North
  Worcester, MA 01655
- scanned and emailed to Janice.Robert@umassmed.edu
- faxed to: Student Affairs @ 508-856-5536

UMassMemorial
Employee Health Services
210 Lincoln Street
Worcester, MA 01605

Last Name: _____ **First Name:** _____ **Gender:** _____

Date of Birth: _____ **Employee Number/MR #:** _____N/A_____

Last 4 digits SS#: **Name of Elective:**

Department: **Visiting Medical Student**

HISTORY OF POSITIVE TST

COMPLETE THIS FORM IF YOU HAVE A HISTORY OF A POSITIVE TST

•TB infection without active disease is not contagious.

What if I have been vaccinated with BCG?

BCG is a vaccine for TB. This vaccine is often given to infants and small children in other countries where TB is common. If you were vaccinated with BCG, you may have a positive reaction to TST. This reaction may be due to the BCG or a real TB infection. Your health care provider will determine through x-ray and further investigation if you have the real TB infection.

Treatment:

Medication to treat the TB disease is available if the disease is present. The options and course of treatment will be discussed in detail if and when warranted.

If any of the symptoms below occur, and you have a history of a TB exposure or a positive TB test, contact your primary care provider or Employee Health Services.

Symptoms of TB Disease:

- Weakness or fatigue
- Chills
- Cough, often coughing up blood
- Night sweats
- Weight loss
- Fever

Please check applicable boxes:

☐ I **DO NOT** display any signs and symptoms of TB disease.

OR

☐ I **DO** display what may be symptoms of TB disease. I will follow up with Employee Health Services and my health care provider.

☐ I would like to discuss the option of taking medication to treat inactive TB infection.

☐ Phone # where I can be reached: _____.

☐ I have taken (medication) _____to treat inactive TB infection for (Timeframe) _____

☐ I choose not to take medication to treat inactive TB infection.

Chest X-Ray:

CXR Date: _____ CXR Comment (Results)_____

VISITING STUDENT SIGNATURE**:** _____ **Date:** _____

PROVIDER SIGNATURE: _____ **Date:** _____

UMMHC Employee Health Services (EHS) located @, 210 Lincoln Street, Lower Level or
E-mail at Employee HS@UMMHC.org

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University of Massachusetts
UMASS Medical School

Policy Summary Statement re: Visiting Students and Blood-Borne Pathogen Infection

All visiting students are required to sign this statement as a condition of enrollment

Demonstrated competence in Standard Precautions is required of all students in clinical programs of the University of Massachusetts School of Medicine.

Any student who may have exposed others to their blood or bodily fluids in a clinical situation has a professional responsibility to notify the patient's attending physician or supervising faculty member and to comply with the applicable reporting and follow-up policies and protocols of the clinical site where the incident occurred. As professionals concerned with the health of others, it is strongly recommended that students involved in such incidents consent to undergoing diagnostic testing for blood-borne pathogens as defined in the school's policy on "Medical Students with Blood Borne Pathogen Infection."

All visiting students must submit serologic confirmation of HBV surface antibody immunity to the UMMS Office of Student Affairs at the time of application. If, despite undergoing the complete HBV immunization series, a visiting student remains seronegative for HBV surface antibody, then the student must provide documentation of HBV surface antigen status. Although testing for hepatitis C and human immunodeficiency virus is not required for attendance at UMMS, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

The University of Massachusetts is committed to a policy of non-discrimination and protecting the legal rights and privacy of students infected with blood-borne pathogens while also protecting the health of the public. A visiting student who is infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], may undertake clinical rotations at the University of Massachusetts School of Medicine; however, certain restrictions may be imposed on the scope of the infected student's training. Actual recommendations and advice to the student will depend on current medical findings and standards of practice.

Students who are infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. It is therefore the professional responsibility of visiting students who are infected with blood-borne pathogens to self identify and report their infection status to the Assistant Dean for Student Advising at least 2 months prior to starting a rotation at UMMS. **If, based on current established guidelines, a student is deemed as a significant risk for infecting others with a blood-born pathogen, that student will not be permitted to do rotations in any fields involving exposure-prone procedures.** This determination will be made on a case-by-case basis by the UMMS Blood-Borne Pathogen Review Panel.

In addition to the UMMS Policy, students on clinical rotations are also subject to the blood-borne pathogen policies for health care workers at the individual hospital or clinical sites.

I have received training in the principles of Standard Precautions. I will adhere to them at all times within educational and clinical settings. I have read, understand, and agree to adhere to the above Policy Statement on Visiting Students and Blood-Borne Pathogen Infection.

Signature: _____ Date:_____

Print Name: _____

*The complete 'UMMS Policy on Medical Students with Blood Borne Pathogen Infection' is available upon request.