



UMASS STUDENT HEALTH CLEARANCE FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Contact \_\_\_\_\_ Phone Contact \_\_\_\_\_

Circle one: MED GSN CPHR MSPT CPPT MSC I HSPP MMPP MD/PhD Gender \_\_\_\_\_

This form must be completed and signed by the student's healthcare provider. Dates alone are not accepted. Supporting Immunization Documentation and Lab Reports are REQUIRED. Please refer to the Student Health website for further explanation and details of health requirements. Please scan/email your form back to Student Health once completed. Studenthealth@umassmemorial.org \*Please complete this form ASAP. The stringent medical requirements required for UMMS Health Clearance can take up to 2 months to complete. Please do not delay! If not complete you may be restricted from classes/activities\* Please provide dates in the spaces below.

MMR # 1 \_\_\_\_\_ MMR #2 \_\_\_\_\_ AND Measles IGG \_\_\_\_\_ pos/ neg
(1st dose must be at 1 year of age or older) Mumps IGG \_\_\_\_\_ pos/ neg
Rubella IGG \_\_\_\_\_ pos/ neg
MMR Booster if indicated \_\_\_\_\_

Tdap \_\_\_\_\_ TD \_\_\_\_\_ One dose of Tdap >= age 11. If last Tdap is more than 10 years ago, a Td update is required.

Hepatitis B #1 \_\_\_\_\_ Hepatitis B #2 \_\_\_\_\_ Hepatitis B #3 \_\_\_\_\_
Hepatitis B surface antibody titer (Quantitative) \_\_\_\_\_ pos/ neg
If the Hepatitis B surface antibody titer is negative or equivocal you must complete the following:
Hepatitis B surface antigen \_\_\_\_\_
Hepatitis B core antibody \_\_\_\_\_ } Please complete these titers prior to receiving the booster dose
Hep B Booster #4 \_\_\_\_\_
Repeat Hepatitis B surface antibody titer 6-8 weeks after booster #4 \_\_\_\_\_ pos/ neg
If titer remains negative Hepatitis B booster #5 \_\_\_\_\_ Hepatitis B booster #6 \_\_\_\_\_ are required

Varicella #1 \_\_\_\_\_ Varicella #2 \_\_\_\_\_ OR Positive Varicella IGG titer \_\_\_\_\_
(1st dose must be at 1 year of age or older)

TB REQUIREMENT IGRA OR 2 step TST (IGRA is preferred) completed within 3 months prior to school start date. The minimum interval between the 1st and 2nd step is one week between each test date.
(Circle One) Quantiferon Gold/ Tspot \_\_\_\_\_ pos/ neg
TST #1 \_\_\_\_\_ result \_\_\_\_\_ mm and TST #2 \_\_\_\_\_ result \_\_\_\_\_ mm
If you have a history of a positive TST or IGRA provide documentation and copy of Chest X - Ray Report.
Date of Positive Result \_\_\_\_\_ Chest X-Ray Report Date \_\_\_\_\_

Date of Physical - Must be completed within 1 year prior to school start: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_