

### Tan Chingfen Graduate School of Nursing Health Clearance Checklist

The checklist below is to be used as a guide for submitting supporting official immunization and lab documentation to complete the health clearance requirements. Copies of all official lab reports are required. Please review the checklist carefully and allow enough time, as it can take up to 2 months to complete. All requirements must be met prior to your start date to be medically cleared. Please upload all official documentation to the Peoplesoft Portal. Any medical clearance questions are to be asked through the Student Health section of the Peoplesoft portal. Once all requirements have been met your status will be approved. Student health clearance documentation will be held in a secure electronic medical record at UMASS Memorial Health Care (UMMHC) in Epic. **Please remember that ALL health documents submitted must contain patient identifiers (first name, last name, and date of birth or they will not be accepted).**

#### **MMR Requirement (2 options)**

Documentation of 2 valid doses of MMR vaccine (first dose given on or after 1 year old)

**OR**

Copy of lab documentation of **POSITIVE** measles, mumps and rubella IGG titers

#### **Tdap**

Documentation of a Tdap vaccine on or after age 11 is required

A Td or Tdap booster is required if it has been greater than **9 years** since your last dose

#### **Varicella**

Documentation of two doses of Varicella vaccine **OR** copy of lab report for **POSITIVE** Varicella IGG titer

#### **HEPATITIS B**

Documentation of ALL Hepatitis B Vaccinations received

**AND**

Copy of lab report for Hepatitis B **surface antibody titer**

Copy of lab report for Hepatitis B **core antibody titer**

Copy of lab report for Hepatitis B **surface antigen titer**

\*\*\* Note if you already had a POSITIVE Hepatitis B Quantitative titer result in the past you are NOT required to have the additional core antibody OR surface antigen checked

**If your Hepatitis B surface antibody titer is LOW/ Negative please complete the additional requirements:**

Documentation of Hepatitis B booster vaccine (Heplisav-B vaccine (2-dose series) is preferred)

\_\_\_ Copy of lab report for a repeat **Hepatitis B surface antibody titer 4-6 weeks from booster dose**. (If this result remains low you will need to receive the second booster dose and provide this documentation)

#### **IGRA/TST**

\_\_\_ Copy of lab report for a **QuantIFERON Gold or T-spot after May 1<sup>st</sup> of current year**

\_\_\_ If you do not have access to the lab test above you will need to provide documentation of **two** Tuberculin Skin Tests (TST). Second test to be completed 1-3 weeks later. One TST must be completed **on or after May 1<sup>st</sup> of the current year**

#### **If you have a history of a positive TST or IGRA**

\_\_\_ Provide documentation of the positive result as well as any treatment received

\_\_\_ Copy of a chest x-ray (**written report**) dated any time after the date of your positive result

\_\_\_ If the date of your chest x-ray was not completed within the current year, complete the TB symptom review.

**Note TST Symptom Review Form Link is above and should ONLY be filled out if you have had a POSITIVE TST or IGRA**

#### **Physical**

\_\_\_ Please submit proof of **wellness visit/ physical exam within the past 2 years**. This can be in the form of a visit summary indicating the date of the last physical exam. (Physical exam details are not required)

#### **Disclosure of PHI form**

\_\_\_ Sign and date agreement allowing Student Health to release records for compliance and experiences throughout your education at UMCMS (Link to form located above)

#### **Respiratory Fitness Determination Form**

\_\_\_ Complete form and upload to portal (Link to form located above)

**RECOMMENDED: Documentation of your most recent COVID vaccine including the brand**