VISITING STUDENT HEALTH REQUIREMENTS FORM

Student Name_________________________ School ____________________________

1. HISTORY AND PHYSICAL EXAMINATION
All students must undergo a complete history and physical examination within 12 months prior to the start of the rotation.
   Date of last complete history and physical examination ____________________________

2. REQUIRED LABORATORY TESTING
ALL students MUST have the following lab tests regardless of past immunization: Acopyoftheseblood
testsmustbeattached
   
   (a)  Hepatitis B surface antigen
   (b)  Hepatitis B surface antibody QUANTITATIVE
   (c)  Hepatitis B core antibody

3. TUBERCULOSIS TESTING
All students must undergo TB testing using the Mantoux method or an FDA-approved blood assay for TB
within 3 months from the start of the rotation. The student must also have another documented negative
PPD within the 12 months prior to this test or utilize a two-step method prior to the rotation. Under the
twostepmethod,a seconddetectisperformed1-3weeks after the first test.

   Date of PPD Test: #1________________________
   Read: __________________________
   PPD Test Results:________ mm. induration///_________________ Negative___________ Positive

   Date of PPD Test: #2________________________
   Read: __________________________
   PPD Test Results:________ mm. induration///_________________ Negative___________ Positive

Students with a history of a positive PPD test should not be retested. Those individuals should be
considered “previously infected” and cared for accordingly (i.e. chest x-ray examination must be within the
last 12 months).

   Date of Positive PPD Test:________________________
   Date of most recent chest x-ray:________________________
   Result:______________________________________________

Was medication given for positive PPD Test? _____ Yes _____ No
List medication(s) and dates used: ______________________________________________

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4. REQUIRED IMMUNIZATIONS

Measles – Mumps – Rubella: Students must have received 2 doses of live-virus measles vaccine after the first birthday, and no less than 1 month apart, at least 1 dose administered in 1980 or later; 1 dose of live-virus mumps vaccine; 1 dose of live-virus rubella vaccine or 2 doses of live-virus MMR (measles-mumps-rubella) vaccine or serologic proof of immunity (A copy of the blood test must be attached)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date of Immunization</th>
<th>Date of Positive Titer</th>
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</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps and Rubella):</td>
<td>#1 _ #2 _ OR _</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>#1 _ #2 _ OR _</td>
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<tr>
<td>German Measles (Rubella)</td>
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<td></td>
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<tr>
<td>Mumps</td>
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Tetanus-Diptheria-Acellular Pertussis (TdaP): Last booster must have been within the last ten years.

Date of last booster: ________________

Hepatitis B: Students must have received 3 doses of Hepatitis B Vaccine AND demonstrate quantitative serologic proof of immunity

Date(s) of Immunization:

#1 _ #2 _ #3 _

Date of Quantitative HepBsAby titer ________________ (A copy of the blood test must be attached)

Varicella (Chicken Pox): Students must receive 2 doses of varicella vaccine 4 to 8 weeks apart or demonstrate serologic proof of immunity

#1 _ #2 _ OR Date of Positive Titre ________________ (A copy of the blood test must be attached)

Influenza: Students must obtain annual influenza vaccination.

Date of last immunization ________________

I certify that the above information is correct to the best of my knowledge

Attending Physician Signature ___________ Attending Physician Name (Printed) ___________ Date ___________

Address ___________ Phone ___________

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