VP&S Visiting Student Immunization Form

VP&S reserves the right to rescind any offer(s) if a visiting student cannot comply with these requirements by the start of the rotation.

Items 3, 6, and 8 must be completed within 12 months of the desired rotation. For example: To be offered an October 2021 rotations, you must have received a Hep C titer (#3), PPD/Chest Xray (#6), and Physical (#8) after October 31, 2020.

DO NOT fax additional health records unless explicitly asked. Faxed records will not be verified over the phone.

То	be completed by a clinician or health ca	are official.								
	Student Name:				Da	ate:				
1	Measles, Mumps, Rubella									
	Positive titers for Measles, Mumps and Rubella required for all students. A third									
	MMR shot is required only if any MMR tit	ers not positiv	ve.		Cir	Circle One				
	Measles Titer (IgG)	Date:	Date:			Pos or Neg Pos or Neg Pos or Neg				
	Mumps Titer (IgG)	Date:								
	Rubella Titer (IgG)	Date:								
	MMR#1_(date)	MMR#2_(d	MMR#2_(date)			MMR#3_(date)				
2	Hepatitis B Immunity									
	Hepatitis B series and post-immunization titer required for all students. If titer is negative after Hep B 4, 2 additional Hep B vaccines are required with a Hep B titer 30 days after the last Hep B.									
	Hepatitis B #1	Date:								
	Нер В #2	Date:								
	Нер В #3	Date:								
	Post-immunization Hep B Surface Antibody (IgG)	Date:			Cir	cle one: Pos or Neg				
	Hep B Surface Antigen Required only if Hep B post- immunization titer is Neg.	Date:			Cir	Circle one: Pos or Neg				
	Hep B #4 Required only if Hep B Surface Antibody and Antigen are Neg.	Date:								
3	Hepatitis C Antibody <u>Must be within 12 months of rotation</u>									
	Hepatitis C titer	Date:			Cir	cle one: Pos or Neg				
4	Varicella Immunity									
	Varicella Disea (Clinician verifi		Yes or	No	Cir	cle one				
	Varicella Titer (Ig Perform only if there is a history of varice disease. If Varicella Antibody after disec is negative, indicate 2 doses of Varice vaccine belo	ella ase ella	Date:		Po	s or Neg				
	Varicella Vaccine	#1	Date:							
	Varicella Vaccine Must be 30 days after Dos		Date:							

PSVisitingstudents@cumc.columbia.edu

Must be within 10 years. Circle One Most recent Td booster Date: Td or Tdap 6 Tuberculosis Testing Must be within 12 months of rotation Please complete Option 1 or 2 Option 1: PPD Should be placed even with a history dBCG administration. PPD placed Date: PPD placed Date: PPD read Date: Induration mm Option 2: Quantiferon Gold or TB Spot (Circle Which) Date of Quantiferon Gold or Tb Spot: Circle one: Pos or Neg If PPD is >10 mm (5 mm if HIV+ or recent contact) or if Quantiferon Gold/TB Spot is positive, please answer the following questions. Does student have: Cough? Yes or No Mintory dEGG? Yes or No Mintory dEGG? Yes or No If Mintory dEGG? Yes or No Required at metical school entry if PPD positier Date: Pos or Neg that time; otherwise within ane year of rotation of date. Pos or Neg The time is the within 12 months of rotation Date of Fitting: Mask Size: Specify type of mask (ex: N5): Make WhodeI: Physical Examination Must be within 12 months of rotation Date of searcing of with this form. Date of all rotations, please attach	5	Tetanus Immunity											
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Please complete Option 1 or 2. Option 1: PPD Should be placed even with a history of BCG administration. PPD placed Date: Induration Option 2: Quantiferon Gold or TB Spot (Circle Which) Date of Quantiferon Gold or TD Spot: Circle one: Pos or Neg If PPD is >10 mm (5 mm if HIV+ or recent contact) or if Quantiferon Gold/TB Spot is positive, please answer the following questions. Does student have: Caugh? Yes or No Night sweets? Yes or No Night sweets? Yes or No Weight Loss? Yes or No History of BCG? Yes or No If explicit at the NW? Yes or No Weight Loss? Yes or No Required at medical school entry if PPO positive at the time; otherwise within one year of rotation date. Attoch CXR report. Pos or Neg Past of Fitting: Mask Size: Specify type of mask (ex: N95): Make/Model: 8 Physical Examination Must be within 12 months of rotation Date of Fitting: Make/Model: 9 Influenza Vaccination: Required for all rotations, please attach proof with this form. Date of scanation: Date of seconatton:		Most recent Td boo	ster Date:		Td or To	dap							
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