VISITING STUDENT IMMUNIZATION RECORD INSTRUCTIONS

THIS INFORMATION IS REQUIRED AT THE TIME OF APPLICATION
PLEASE READ THE INSTRUCTIONS BELOW BEFORE COMPLETING THE FORM.

1. The Immunization Record is to be completed and signed by a health care official.

2. Equivocal, inconclusive or low-positive titers are considered to be negative.

3. This form is REQUIRED for students to enroll in an elective. Students will NOT be considered without showing proof of the following on this form:
   a. Positive titers for Measles, Mumps, and Rubella. If any titers are negative, an MMR booster shot must be indicated.
   b. Hepatitis B series and a positive post-immunization titer for Hepatitis B.
      i. If the post-immunization titer is negative, the Hep B Surface Antigen test must be performed. If both the Antibody and Antigen tests are negative, a fourth Hep B shot must be indicated.
   c. A negative Hepatitis C antibody within one year of the desired rotation date.
   d. A positive titer for Varicella if there is a history of Varicella disease or proof of receipt of 2 doses of Varicella vaccine at least 30 days apart.
   e. A Td booster within 10 years.
   f. A PPD or Quantiferon Gold test within ONE YEAR of the start date of the desired elective. If the PPD is greater than 10mm or the Quantiferon Gold test is positive, the clinician must answer the health questions and a negative chest X-ray report must be attached.
   g. Respirator fit testing with type, size, and make of model.
   h. Clinician-verified physical exam date.
   i. Signature of clinician.

4. Chest X-ray reports must be attached if required.

5. For students who have not paid the Student Health Services fee at Columbia, only acute illness care will be provided. For students with Aetna insurance, referrals will be given to a local physician.

6. Students without insurance acceptable to Columbia University may enroll in the Student Health Service Aetna Insurance Plan on a pro-rated basis (minimum enrollment 3 months); this requires enrollment in the CUMC Student Health Service as well. Information about the Student Insurance Plan is available at http://www.cumc.columbia.edu/student/health/insurance/overview.html.
1. Measles, Mumps, Rubella Immunity

Positive titers for Measles, Mumps and Rubella required for all students.

Measles Titer (IgG) ___________________ (date) □ Pos □ Neg
Mumps Titer (IgG) ___________________ (date) □ Pos □ Neg
Rubella Titer (IgG) ___________________ (date) □ Pos □ Neg

MMR #1 ________________ (date) MMR #2 _____________ _____ (date) MMR #3 _________________ (date)
(A third MMR shot is required only if any MMR titers not positive)

2. Hepatitis B Immunity

Hepatitis B series and post-immunization titer required for all students.

Hepatitis B #1 ______________ (date) Hep B #2 __________ (date) Hep B #3 __________ (date) Result: □ Pos □ Neg
Hep B Surface Antigen _______________ □ Pos □ Neg (Required only if Hep B post-immunization titer is negative)
Hep B #4 _______________ (date) (Required only if Hep B Surface Antibody and Antigen are negative)
(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)

3. Hepatitis C Antibody: _________(date) □ Pos □ Neg (Within one year of rotation date)

4. Varicella Immunity

Varicella Disease (Clinician verified) □ Yes □ No Varicella Titer (IgG) _________ (date) □ Pos □ Neg
or
(Perform only if there is a history of varicella disease)
Varicella Vaccine #1 _______________ (date) Varicella #2 ____________ (date) (Must be 30 days after Dose 1)
(If Varicella Antibody after disease is negative, indicate 2 doses of Varicella vaccine.)

5. Tetanus Immunity

Most recent Td booster _______________ (date) (Must be within 10 years) □ Td □ Tdap (Indicate which formulation)

6. Tuberculosis Testing

PPD (Should be placed even with a history of BCG administration; must be within one year of rotation date)
PPD placed _______________ (date) PPD read _______________ (date) Induration ________ mm
Or
Quantiferon Gold/TB Spot (circle which) __________(date) Result: □ Pos □ 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 □ No; Night sweats? □ Yes □ No; Weight Loss? □ Yes □ No
History of BCG? □ Yes □ No; If yes, year given _______________
Treatment with INH? □ Yes □ No; If yes, from ____________ (mo-yr) to ____________ (mo-yr)
Chest X-Ray* ___________ (date); Pos □ Neg
*(Required at medical school entry if PPD positive at that time, otherwise within one year of rotation date. Attach CXR report.)

7. Respirator Fit Testing: __________(date) Specify type (eg. N95) ____________ Size ________ Make __________

8. Physical Exam: __________ (date) (Must be within 12 months of rotation date)
I certify that this student is in good health without contraindications to clinical care of patients. □ Yes □ No
Clinician Name & Title (printed) __________________________________________
Signature: ______________________ Date __________