

**UNIVERSITY OF COLORADO DENVER
SCHOOL OF MEDICINE
2008-09 STUDENT IMMUNIZATION CERTIFICATION**

Please mail completed form signed by both the student and the health care certifying official with your application. Individual immunization records will not be accepted.

Student's Name _____ Date of Birth: _____

The following immunizations are required of all students taking electives through the University of Colorado Denver School of Medicine. The Center for Disease Control (CDC) Guidelines are listed on page 2. THE CERTIFYING OFFICIAL MUST list the dates immunizations or titers were received for the following.

MEASLES, MUMPS, RUBELLA (MMR):							
1 st Measles Vaccine:	/	/	/	2 nd Measles Vaccine:	/	/	/
				OR	Date of Titer:	/	/
							Titer Result:
1 st Mumps Vaccine:	/	/	/	2 nd Mumps Vaccine:	/	/	/
				OR	Date of Titer:	/	/
							Titer Result:
1 st Rubella Vaccine:	/	/	/	2 nd Rubella Vaccine:	/	/	/
				OR	Date of Titer:	/	/
							Titer Result:

HEPATITIS B:							
1 st :	/	/	/	2 nd :	/	/	/
				OR	Date of Titer:	/	/
							Titer Result:

POLIO:							
1 st :	/	/	/	2 nd :	/	/	/
				3 rd :	/	/	/
					4 th :	/	/

VARICELLA (Chickenpox):							
Date of Disease (Year):	OR	Titer Date:	/	/	/	Result:	OR
						1 st Vaccine:	/
						2 nd Vaccine:	/

TETANUS (Td/Tdap): (must be within the last 10 years.)	Date current tetanus shot received:	/	/	/
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TUBERCULIN SKIN TEST (Required Mantoux PPD):							
Date of 1 st PPD:	/	/	/	Result:	/	/	/
Must be NO MORE than 1 year prior to date of 2 nd PPD or two-step is PPD required.				Date of 2 nd PPD:			
				Must be CURRENT 2008 PPD			
				Result:			

Respiratory Fit Testing (TB Mask)							
Date fitted:	/	/	/	Type of mask:	Mask size:		

TO BE COMPLETED BY CERTIFYING OFFICIAL* The certifying official does NOT certify that they have given all immunizations listed, but that they have seen written documentation the immunizations were received.

Print Name (* MD, DO, NP, PA, RN): _____ Title: _____

Signature of person listed above: _____ Contact Number: _____ Date signed: _____

MEASLES, MUMPS, RUBELLA (MMR): Documentation of 2 shots or serologies is required. Measles, mumps and rubella require individual titers. List either the **two** dates of the MMRs received or the **individual** titer dates and results. The first MMR must have been received on or after your first birthday and there must be at least 28 days between the first and second MMR. If received prior to your first birthday or there is less than 28 days between the two MMRs received, you are required to have another MMR or show proof of positive titers.

HEPATITIS B: you are required to have the three shot series and provide the date and result of a positive HBSAB titer 1-2 months after the third dose. Please provide the date vaccines were received or the titer and result. There must be at least 4 wks between the first and second vaccine and 4 - 5 months between the second and third vaccine (given at 0, 1, and 6-month intervals. If there is less than 4 weeks between vaccines 1 and 2 or less than 4 months between vaccines 2 and 3 or more than one year between vaccine 1 and 3, you are required to show proof of a positive HBSAB titer. If you have a negative titer, you are required complete the three dose series, if the second titer is still negative after 6 doses of vaccine the patient is a non-responder.

POLIO: list the dates of the four-shot childhood series. Adults, who had 1 or 2 IPV doses, and no documentation of childhood series, will need to complete a total of 3 injections. Therefore, if they had 1, they would need an additional 2 adult catch-up injections; if they had 2, they would need 1 additional adult catch-up injection.

VARICELLA: please list the date (year) you had varicella (chicken pox), or the titer date and result or dates vaccine received. A negative titer requires two vaccines placed one month apart.

TETANUS: After primary vaccination, a tetanus-diphtheria (Td) booster is required for all healthcare workers every 10 years.

FOR INTERNATIONAL STUDENTS: three documented doses of TD are required. Primary vaccination of previously unvaccinated adults consists of three doses of adult tetanus-diphtheria toxoid (Td): 4-6 weeks should separate the first and second dose; the third dose should be administered 6-12 months after the second.

TUBERCULIN SKIN TEST (Required Mantoux PPD): Two PPDs are required. If you have never had a PPD or your current PPD is more than one year old, you are required to have the two-step method of testing done. The two-step requires placement of 2 separate PPD skin tests 7 to 14 days apart. All skin tests need to be read within 48 -72 hours or another test is required. A single TB skin test administered after the initial exposure may elicit a negative response. The immune reaction wanes over time. Giving a second test stimulates the immune system to respond and may respond positively, indicating that the person was previously infected or exposed. It is important to differentiate between old and new infection. Please list the dates and a result for **BOTH** PPDs received.

If the PPD is positive (10mm and above) a chest x-ray is **required** including the x-ray date along with a copy of the physician's report to x-ray older than one year will be accepted as long as you have completed the full INH treatment and have been symptom free for one year. If you did not complete the full treatment or have had symptoms in the last year you will need an annual x-ray.

RESPIRATORY FIT TESTING: You are required to be fit tested for a respiratory (N95 – Particulate Filter) also known as a TB mask. Dates of the fitting, type and size.