

Visiting Students, please return this for to:  
 University of Colorado Denver  
 Office of Student Affairs – Visiting Student Coordinator  
 Mail Stop C-292  
 Education 2 North Room P28-5315  
 13120 East 19<sup>th</sup> Ave  
 Aurora, CO 80045

The University of Colorado Denver - Anschutz Medical Campus  
 2009-10 STUDENT IMMUNIZATION CERTIFICATION

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Degree/Program: MD Visiting Student

The following immunizations are required of all entering Anschutz Medical Campus (AMC) Students. AMC follows the Center for Disease Control (CDC) Guidelines listed with each immunization. THE CERTIFYING OFFICIAL MUST list the dates immunizations or titers were received for the following.

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

**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:						
1 <sup>st</sup> :	/	/	2 <sup>nd</sup> :	/	OR Date of Titer: / /	Titer Result:

**HEPATITIS B:** If you are in the process of receiving your Hep B immunizations for the first time, 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. If you have completed your Hep B immunizations more than one year ago, please provide the date vaccines were received or the titer date and result. *(Please note that although you may have previously had your Hep B immunizations and it may not be required as part of the admissions process to obtain a titer; however it may be requested later as some clinical sites now require proof of titers before students may begin rotations at their facilities).* If the 3-dose series is needed, then the doses should be in a 0, 1, 6 month interval and then a titer done 1-2 months after the last dose. If immunity is not present, then another 3-dose series must be done followed by another titer. If after 6 doses no immunity is present, then the student is considered a "non-responder" and no further testing or immunization is required.

POLIO:				
1 <sup>st</sup> :	/	/	2 <sup>nd</sup> :	/ /
3 <sup>rd</sup> :	/	/	4 <sup>th</sup> :	/ /

**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 2 doses. Therefore, if they had 1, they would need an additional 1 adult catch-up dose. International Students are required to get the 4 dose series.

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

**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, diphtheria, pertussis (Td/Tdap): (must be within the last 10 years.)	Date current tetanus shot received: / /
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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):**

Date of 1 <sup>st</sup> PPD:                    /                    /                    Result:	Date of 2 <sup>nd</sup> PPD:                    /                    /                    Result:
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**TUBERCULIN SKIN TEST (Required Mantoux PPD):** If you have never had a PPD, or if it has been over a year since your last PPD, then 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. If it has been less than a year since your last PPD, then only 1 is required. All skin tests need to be read within 48 -72 hours or another test must be done. Please list the dates and results for all PPD's 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.

Note: for international students who have received the Bacille Calmette-Guerin Vaccine (BCG), even though your PPD will likely test positive regardless of any exposure, this procedure is still required since the vaccine is not resistant to all strains of TB.

**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: \_\_\_\_\_

**Medical Exemption:** The physical condition of the above-named person is such that immunization would endanger life or health, or is medically contraindicated due to medical conditions. Physician's Name (please print) \_\_\_\_\_ Physician's Signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Religious Exemption:** Parent or guardian of the above-named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. Relationship and printed name of person signing this form: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Signature of Person Signing this form: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Personal Exemption:** Parent or guardian of the above-named person or the person himself/herself is an adherent to a personal belief opposed to immunizations. Relationship and printed name of person signing this form: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Signature of Person Signing this form: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE**

**Please be advised, by signing an exemption students may be subject to academic restrictions regarding lab and/or clinical placement and may be unable to complete their program/degree requirements.**

**TO BE COMPLETED BY STUDENT** - I understand that if my immunizations are not current or are in progress while in attendance at HSC, I may be subject to academic restrictions and may not be able to complete program/degree requirements. I authorize HSC to disclose this form and/or other information related to my immunization records to any clinical agency or other such entity in connection with my placement or participation in clinical internships, practica, affiliations and other programs related to my course of study.

Student Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Date signed: \_\_\_\_\_

**FOR HSC USE ONLY:** By signing below I certify this student has completed all necessary immunization requirements to matriculate.  
Signature of HSC Official reviewing form: \_\_\_\_\_ Date reviewed: \_\_\_\_\_