



University of Cincinnati Standardized Immunization Form

Health Professions Student Requirements

College of Medicine (MD), College of Pharmacy, College of Nursing, Advanced Medical Imaging (AMIT), Athletic Training, Audiology, Communication Sciences Disorders, Health Informatics, Medical Laboratory Science, Nutrition and Dietetics, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Language Pathology, Social Work

First Name		Last Name	
M#		DOB	
UC Email		Phone #	

REQUIRED IMMUNIZATIONS

Hepatitis B - 3 doses of Hepatitis B vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody titer OR 2 doses of Heplisav-B vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody titer. Titer must be drawn more than 4 weeks after last vaccine dose. A titer >10mIU/mL is positive for immunity. If the titer result is negative, repeat another Hepatitis B vaccine series followed by a repeat titer. If the Hepatitis B Surface Antibody titer is negative after the repeat vaccine series, a "non-responder" status is assigned.

Primary Series	Vaccine	3 Dose Series Date	2 Dose Series Date
Primary Hepatitis B Series AND Quantitative Titer 3-dose vaccine (Hepatitis B) or 2-dose vaccine (Heplisav-B)	Hepatitis B Vaccine Dose #1		
	Hepatitis B Vaccine Dose #2		
	Hepatitis B Vaccine Dose #3		
	QUANTITATIVE Hep B Surface Antibody Titer	Date _____	_____mIU/ml
Repeat Series	Vaccine	3 Dose Series Date	2 Dose Series Date
Repeat Hepatitis B Series AND Quantitative Titer <i>Only if no response to primary series</i> 3-dose vaccine (Hepatitis B) or 2-dose vaccine (Heplisav-B)	Hepatitis B Vaccine Dose #4		
	Hepatitis B Vaccine Dose #5		
	Hepatitis B Vaccine Dose #6		
	QUANTITATIVE Hep B Surface Antibody Titer	Date _____	_____mIU/ml
Hepatitis B Vaccine Non-responder	If the Hepatitis B Surface Antibody titer is negative (less than 10 mIU/mL) after a primary and repeat vaccine series, vaccine non-responders should be counseled and evaluated appropriately. Certain institutions may request signing an "acknowledgment of non-responder status" document before clinical placements.		

Tuberculosis (TB) Screening – Results of two-step (2) TB Skin Tests (TSTs) or (1) IGRA blood test done within the past 3 months. Thereafter, students will need annual TB exposure and symptoms screening with subsequent TB testing if indicated. History of previous positive TB skin testing (≥ 10 mm induration) or (+) TB blood test must be accompanied by documentation of the evaluation and/or treatment of this condition. You only need to complete ONE section, A or B.

Section A	Date Placed	Date Read	Result	Interpretation
No History of Abnormal TB Skin Test or Blood Test TST or T-spot/QuantIFERON TB Gold blood tests for tuberculosis	TST #1		_____mm	<input type="checkbox"/> Negative
	TST #2		_____mm	<input type="checkbox"/> Negative
	OR			
	QuantIFERON TB Gold or T-Spot	Date	Result	
		<input type="checkbox"/> Negative		
Section B	Date Placed	Date Read	Result	
History of Positive Skin Test or Positive/Indeterminate Blood Test TST or T-spot/QuantIFERON TB Gold blood tests for tuberculosis	Positive TST		_____mm	
	QuantIFERON TB Gold or T-Spot	Date	Result	
			<input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	
	Chest x-ray	Date	Result	
			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Treated for latent TB infection (LTBI)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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REQUIRED IMMUNIZATIONS (continued)

MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and (2) doses of Rubella; or serologic proof of immunity for Measles, Mumps and/or Rubella. Choose only one option.				
Option 1	Vaccine			Date
MMR - 2 doses of MMR vaccine	MMR Dose #1			
	MMR Dose #2			
Option 2	Vaccine or Test			Date
Measles - 2 doses of vaccine or positive serology	Measles Vaccine Dose #1			
	Measles Vaccine Dose #2			
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Mumps - 2 doses of vaccine or positive serology	Mumps Vaccine Dose #1			
	Mumps Vaccine Dose #2			
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Rubella - 2 doses of vaccine or positive serology	Rubella Vaccine Dose #1			
	Rubella Vaccine Dose #2			
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Tetanus-diphtheria-pertussis – One (1) dose of adult Tdap within the past 10 years.				Date
	Tdap Vaccine (Adacel, Boostrix, etc)			
Varicella (Chicken Pox) - 2 doses of vaccine or positive serology				Date
	Varicella Vaccine Dose #1			
	Varicella Vaccine Dose #2			
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Influenza – one dose annually each fall				Date
	Influenza Vaccine			
Meningococcal conjugate (ACWY) - one dose given on or after 16th birthday if student will be younger than 22 years of age at the start of their first semester with UC				Date
Dose given before age 16 (recommended)	Meningococcal conjugate (ACWY) Vaccine			
Dose given age 16 or later (required)	Meningococcal conjugate (ACWY) Vaccine			

POTENTIAL THIRD PARTY REQUIREMENTS

Certain programs at the University have clinical and/or external placements that are a requirement for program completion. To the extent permitted by law, Students enrolled in such programs will be expected to comply with all rules, policies, guidelines, and requirements of any third party placement, including but not limited to vaccination and background check requirements. Any student's failure to comply with such third-party rules, policies, guidelines or requirements may result in the student not being able to complete and graduate from their program.

Coronavirus (Covid-19) - current seasonal dose		Date
	Covid-19 Vaccine	



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RECOMMENDED IMMUNIZATIONS

Serogroup B meningococcal (MenB) vaccine - 2 doses of vaccine		Date
Select vaccine type: <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexsero	MenB Vaccine Dose #1	
	MenB Vaccine Dose #2	
Hepatitis A - 2 doses of vaccine		Date
	Hep A Vaccine Dose #1	
	Hep A Vaccine Dose #2	
Polio - 4 doses of vaccine		Date
	Polio Vaccine Dose #1	
	Polio Vaccine Dose #2	
	Polio Vaccine Dose #3	
	Polio Vaccine Dose #4	
Human papilloma virus (HPV) - 3 doses of vaccine, or 2 doses if series started prior to age 15		Date
	HPV Vaccine Dose #1	
	HPV Vaccine Dose #2	
	HPV Vaccine Dose #3	

MUST BE SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL OR DESIGNEE:

Healthcare Professional Signature		Date
Printed Name		Office Stamp
NPI #		
Title		
Street Address		
City, State, Zip Code		
Phone Number	(____) ____-____ Ext. ____	
Fax Number	(____) ____-____	