



### Immunization and Health Screening Form

Students matriculating into the Physician Assistant Program are required to meet Program and CDC recommendations for immunizations for healthcare providers as well as screening for tuberculosis. This form is two (2) pages. Review this form with your provider to be sure you are compliant with vaccine requirements. Please provide proof of vaccinations listed in this chart to EXXAT Approve.

**To the healthcare provider: Please review this form with the student to be sure compliance is met.**

Immunization History	
All students must demonstrate immunity as described below.	
Immunization/Screening	Required Documentation
Hepatitis B**	<input type="checkbox"/> Complete Hepatitis B series (two dose or three dose accepted) <input type="checkbox"/> <b>quantitative</b> anti-HBs $\geq$ 10mIU/mL OR <input type="checkbox"/> <b>quantitative</b> anti-HBs < 10mIU/mL with proof of progress through revaccination process documented as described below** <i>**If Hepatitis B Virus titer results are negative, students with history of Hepatitis B vaccination should receive a booster, then repeat titer 4 weeks later. If that repeat titer is negative, the student must complete the entire repeat Hepatitis B Virus vaccination series followed by a quantitative titer 4 weeks after the last dose. Students will be considered a "Non-Responder" to Hep B if the quantitative titer remains below 10 after these two documented series. A "Non-Responder" letter will need to be provided by clinician or physician. <b>Students who show proof of progress (ie awaiting additional vaccines or titers) through this process are considered in compliance for matriculation.</b></i>
Measles, Mumps, Rubella (MMR)	<u>One</u> of the following is required: <input type="checkbox"/> Two doses of MMR vaccine <input type="checkbox"/> Two doses of Measles, two doses of Mumps, and one dose of Rubella <input type="checkbox"/> <b>Positive IgG Antibodies</b> lab report (titer) showing immunity
Varicella (Chickenpox)	<u>One</u> of the following is required: <input type="checkbox"/> Two doses of varicella vaccine* <input type="checkbox"/> <b>Positive IgG ELISA</b> lab report (titer) showing immunity <i>*Two vaccine doses outweigh a negative titer.</i>
Tetanus, Diphtheria, Acellular Pertussis (Tdap)	<input type="checkbox"/> <u>One</u> dose within the last 5 years* <i>* Td vaccine is acceptable substitute if Tdap is medically contraindicated</i>
Influenza (Flu)	<input type="checkbox"/> <u>One</u> vaccine required <b>annually</b>



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<b>Meningococcal Group B</b>	<input type="checkbox"/> <u>Two</u> dose vaccine series within the past 5 years* <i>* Students under age 24 only</i>
<b>COVID-19</b>	<input type="checkbox"/> Moderna – Two doses <input type="checkbox"/> Pfizer-BioNTech – Two doses <input type="checkbox"/> Johnson & Johnson – One dose
<b>Tuberculosis Screening (TB)</b>	<u>One</u> of the following is required; 2-step skin-test is preferred if appropriate for the student: <input type="checkbox"/> 2-step PPD skin test (1 <sup>st</sup> year students) <input type="checkbox"/> QuantiFERON TB Gold/T-spot blood test ( <b>only for students with positive PPD results or students who have received the BCG vaccine</b> ) <input type="checkbox"/> Documentation of latent TB infection or treatment for active infection (required for students with positive QuantiFERON blood test)