

Visiting Student Immunization Information

Loyola University Medical Center

Student Name: _____ Date of Birth: _____

Email Address: _____

Rotation: _____ Date of Rotation: _____ to _____

Loyola University Stritch School of Medicine requires students to show proof of skin testing for tuberculosis infection within a year of their scheduled clinical rotation and proof of immunization against Measles, Mumps, Rubella, Varicella and Hepatitis B.

Hepatitis B antibody titer is recommended for proof of immunity. The Hepatitis B titer should be a **quantitative** test to surface antibody with adequate immunity when the value is >10 MUI/ML. All other immunizations do not require titers; however, if done in the past, please provide results with dates. A health care professional must verify all information on this form and date and sign it in the space provided at the bottom.

Requirements must be met no later than **two weeks prior** to the beginning date of the elective. Any questions may be directed to the Student Health Service at **(708) 531-7900**.

	Live attenuated virus	or	Serology date (attach copy)	or	Disease confirmed by physician record	Exemption
Measles (Rubeola)	Dose 1 _____ Dose 2 _____		_____		_____	_____
Mumps	Dose 1 _____ Dose 2 _____		_____		_____	_____
German Measles (Rubella)	Dose 1 _____		_____		_____	_____
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TB Screen	Date _____ mm of induration _____		exr if indicated/results _____		BCG vaccine date _____	History _____
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Chickenpox (Varicella)	Vaccine _____ Dose 1 _____ Dose 2 _____		Titer (attach copy) _____		History of disease _____	Exemption _____
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Hepatitis B	Vaccine Series _____ Dose 1 _____ Dose 2 _____ Dose 3 _____	&	Quantitative Hep B Surface Antibody Titer Date & Result (attach copy) _____			Exemption _____

Signature of Health Care provider verifying above information: _____

Print Name: _____ Date: _____

Address: _____ Phone: _____