



UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

55 Lake Avenue North
Worcester, MA 01655
Phone (508)334-8464 Fax (774)443-2350
studenthealth@umassmemorial.org

NAME: Last First Middle M F

ADDRESS: Street City State Zip

DOB: PHONE: PERSONAL EMAIL:

SCHOOL: Please circle one: Medical Nursing Are you a current UMASS employee?

REQUIREMENTS

1. Physical Exam: Copy of physical required. (Date must be within the past year) (MM/DD/YYYY)

2. MEASLES, MUMPS, RUBELLA (MMR): 2 doses of MMR vaccine AND positive IGG titer results for all as proof of immunity. (Please note: If any titer is negative, history of 2 doses of MMR is required prior to school start.) A copy of the lab report MUST be attached.

MMR #1 (MM/DD/YYYY) MMR #2 (MM/DD/YYYY)

Measles titer: (MM/DD/YYYY) Result: Positive Negative

Rubella titer: (MM/DD/YYYY) Result: Positive Negative

Mumps titer: (MM/DD/YYYY) Result: Positive Negative

3. TETANUS DIPHTHERIA PERTUSSIS (Tdap): Documentation of a one- time Tdap is required for all students. In addition, the date of the last Td is required. (Either must be within the past 5 years.)

Tdap (MM/DD/YYYY) Td (MM/DD/YYYY)

4. VARICELLA (Chickenpox): Varicella Immunization (2 doses) or a positive Varicella Titer (lab report MUST be attached).

Varicella #1: (MM/DD/YYYY) Varicella #2: (MM/DD/YYYY)

Varicella Titer: (MM/DD/YYYY) Result: Positive Negative

Do you have a history of Varicella? Yes No If yes, Date: (note: history of disease does not exempt you from titer or vaccinations)

5. HEPATITIS B: 3 doses of Hepatitis B vaccine required AND a positive Hepatitis B surface antibody titer. (HepBsAb). A copy of the lab report MUST be attached.

Hep B #1 (MM/DD/YYYY) \*Hep B #4 (MM/DD/YYYY)

Hep B #2 (MM/DD/YYYY) Hep B #5 (MM/DD/YYYY)

Hep B #3 (MM/DD/YYYY) Hep B #6 (MM/DD/YYYY)

HBsAb Titer: (MM/DD/YYYY) Result: Positive Negative

\* If you have a negative or equivocal Hepatitis B surface antibody result after having completed the series, you are required to receive a at least one Hep B booster dose (4th dose) prior to school start. In addition you are required to provide a Hepatitis B surface antigen titer (HBsAg) and a Hep B core antibody titer (HepBcAb). Without this information you will not be allowed to have patient contact.

\*\*HBsAg Titer : (MM/DD/YYYY) Result: Positive Negative

\*\*HepBcAb Titer: (MM/DD/YYYY) Result: Positive Negative

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**6. TUBERCULIN SCREENING:** An IGRA lab test (either Quantiferon Gold or T-Spot ) or a 2-step TST is required.

Either TSTs or lab must be completed within **3 months prior to school start.** (Please note: **IGRA is preferred over TSTs**) Additional information can be found on the Student Health website [www.umassmed.edu/studenthealth](http://www.umassmed.edu/studenthealth)

TST #1 Plant date \_\_\_\_\_ Read date \_\_\_\_\_ Result: mm \_\_\_\_\_ NEG \_\_\_\_\_ POS \_\_\_\_\_

TST #2 Plant date \_\_\_\_\_ Read date \_\_\_\_\_ Result: mm \_\_\_\_\_ NEG \_\_\_\_\_ POS \_\_\_\_\_

IGRA result \_\_\_\_\_ (MM/DD/YY) Result: Positive Negative (Attach lab report)

**Please Note:** If you have or have had a positive TST or positive IGRA result, a copy of a chest x-ray report after the positive result date must be submitted, and any subsequent treatment (i.e. INH) **History of BCG Vaccine does not exempt you from completing the 2-step TST. Also you must complete the attached Symptom Review questions/ sign and date the separate TST form prior to the start of school.**

POSITIVE TST RESULT: DATE: \_\_\_\_\_ MM of induration \_\_\_\_\_ COMPLETED TREATMENT: YES  NO

POSITIVE IGRA DATE: \_\_\_\_\_ (Attach lab report)

IF YES, DATES OF TREATMENT: \_\_\_\_\_ to \_\_\_\_\_ HISTORY OF BCG VACCINE DATE: \_\_\_\_\_

DATE OF CHEST X-RAY \_\_\_\_\_ **Copy of the written report MUST be attached.**

EXAMINER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MD/ NP/ PA

**Please review all sections for completion and required copies before sending.**

**Please either scan or fax your completed forms to Student Health [studenthealth@umassmemorial.org](mailto:studenthealth@umassmemorial.org)  
Fax (774)443-2350**

**You will be contacted via the email address you provided, if additional information or clarification is required.**

**Please email any questions on your health clearance to [studenthealth@umassmemorial.org](mailto:studenthealth@umassmemorial.org)**

**Any incoming student who fails to comply with SHS requests to complete the clearance process by the first day of class will be reported to the Associate Dean of Student Affairs and the Registrar's Office for further action including suspension of registration which would result in being withheld from classes and all clinical educational experiences.**