

UMASS STUDENT HEALTH CLEARANCE FORM

Last Name _____ First Name _____ Date of Birth _____

Email Contact _____ Phone Contact _____

GSBS _____ Gender _____

This form must be completed and **signed** by your healthcare provider with supporting immunization documentation and lab reports attached. Please complete this form ASAP. The stringent medical requirements for UMMS health clearance can take up to 2 months to complete. If not completed by the start of school, you may be restricted from classes/school activities.

Important: All information must be uploaded to the PeopleSoft Portal ONLY.

MMR # 1 _____ MMR #2 _____ OR Measles IGG _____ pos/ neg (1 st dose must be at 1 year of age or older) Mumps IGG _____ pos/ neg Rubella IGG _____ pos/ neg
Tdap _____ One dose of Tdap ≥ age 11. If last Tdap is more than 8 years ago, a Td or Tdap update is required. Tdap _____ Td _____
Hepatitis B #1 _____ Hepatitis B #2 _____ Hepatitis B #2 _____ OR Positive Hep B Surface Antibody Titer _____ pos/neg If the Hep B Surface Antibody titer is negative or equivocal, booster is recommended Hepatitis B Booster _____
Varicella #1 _____ Varicella #2 _____ OR Positive Varicella IGG titer _____ (1 st dose must be at 1 year of age or older)
COVID VACCINE #1 _____ COVID VACCINE #2 _____ MANUFACTURER _____
TB REQUIREMENT IGRA OR 2 step TST (IGRA is preferred) Completed within 3 months of school start date. (Circle One) Quantiferon Gold/ Tspot _____ pos/ neg TST #1 _____ result _____ mm and TST #2 _____ result _____ mm If you have a history of a positive TST or IGRA provide date, copy of Chest X – Ray Report and complete Symptom Review Date of Positive Result _____ Chest X-Ray Report Date _____
Physical completed within 1 year prior to school start _____ Signature of Provider _____ Printed Name: _____ Date: _____