

University of Wisconsin School of Medicine and Public Health

Visiting Student Immunization Status Form

Return completed form and attachments to: Office of Student Services, University of Wisconsin School of Medicine and Public Health, 2130 HSLC, 750 Highland Ave, Madison, WI 53705

Print Name _____

Date of Birth _____

I. Antibody testing for Measles, Mumps, Rubella, Varicella and Hepatitis B, regardless of disease and/or immunization history, is required to demonstrate proof of immunity. Attach a copy of the laboratory reports.

Titer	Date of Titer	Result of Titer	Required laboratory report attached (circle one)		List re-immunization date(s) if not immune
<i>Measles</i>			YES	NO	
<i>Mumps</i>			YES	NO	
<i>Rubella</i>			YES	NO	
<i>Varicella</i>			YES	NO	
<i>Hepatitis B</i>			YES	NO	<i>If test is negative (non-immune), follow the instructions below.</i>

Hepatitis B Instructions: Proof of immunity to Hepatitis B is required. Immunity must be demonstrated by serologic testing that includes hepatitis B surface antibody. If your surface antibody test is negative (non-immune), you should receive additional hepatitis B vaccines per current CDC recommendations and be retested. If your surface antibody test is repeatedly negative, you must also have a test for hepatitis B surface antigen to screen for current infection. Provide written documentation from your health care provider of your additional vaccines and test for hepatitis B surface antigen if necessary.

II. Tuberculin Status. An intradermal tuberculin skin test (5 TU-PPD) within SIX months of beginning school is required unless the student is known to have a previous significant (positive) skin test. A multiple-puncture (Tine test) is not acceptable. Note: A new positive tuberculin skin test must be followed by a chest X-ray.

<i>Date Placed</i>		<i>Read By Signature</i>
<i>Date Read</i>		<i>Please Print Name</i>
<i>Result (in mm induration)</i>		<i>Address</i>

If positive skin test, attach a copy of the last X-ray report.

<i>Most recent chest X-ray:</i>	<i>Date</i>	<i>Report</i>	Required X-ray report attached (circle one) YES NO
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III. I certify that the information about my immune status and tuberculin skin test is correct. I authorize release of this, and any subsequent updated information, to clinical training sites if requested.

Student Signature

Date