Immunization Requirements for Entering Medical Students

A. All students must provide proof of completion of the Hepatitis B series of vaccine and serologic testing (titer) showing immunity to Hepatitis B. If Hepatitis B titer is negative, a Hep-B booster and new titer in 6 to 8 weeks is required.

B. Students born after 1956 must provide proof of immunization to MMR (Measles, Mumps, and Rubella) or are required to have serologic (titer) evidence of immunity to MMR.

C. All students must provide proof of a baseline QFT or PPD Tuberculin skin test. Students who test positive to PPD or have received the BCG vaccine, must provide results of a QFT blood test dated November 1 or later.

D. All students must provide proof of 2 Varicella vaccines or serologic (titer) evidence of immunity to Varicella.

E. All students must provide proof of a Tetanus (Td) booster within the past 10 years, and a one-time adult dose of Pertussis (Tdap).

F. All students will be required to receive an Influenza vaccination each "flu season" in accordance with CDC Healthcare Personnel recommendations.

G. All students are encouraged to be immunized with COVID-19 vaccines per the CDC recommendation.

All entering students must submit a 'Record of Required Immunizations' form signed by a healthcare provider. The documentation must include a record of all completed vaccinations or vaccinations that are in progress at the time of submission. Subsequently, documentation proof for missing immunizations must be provided as vaccination requirements are fulfilled.

Revised 10/2023
# Record of Required Immunizations

**University of Michigan Medical School**

1135 Catherine Street, SPC 5726 • Ann Arbor MI 48109-5726 • Phone (734) 936-3697

**Part I - To Be Completed by the Student**

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**Part II - To Be Completed and Signed by a Licensed Health Care Provider**

**A. Hepatitis B Vaccination**
1. ___________________________ Month/Year
2. ___________________________ Month/Year
3. ___________________________ Month/Year
4. **Results of Antibody Titer:** *(Required)*
   - Result…Positive/Immune ___ Negative/Non-Immune ___ Month/Year
   - If Negative: Date of Hep-B Booster *(Required)* Month/Year
   - New Titer: Result: Positive/Immune ___ Negative/Non-Immune ___ Month/Year

**B. Measles, Mumps, and Rubella**
1. 2 Doses of MMR Vaccine………………….. Month/Year
   - Or . . .
2. Immune Titer *(Required to be positive)* …………………….. Month/Year

**C. Tuberculosis**
1. If PPD Negative dated November 1, 2022 or later …………………….. Month/Year
2. If PPD Positive, then QFT (Quantiferon Gold Test) dated November 1, 2022 or later
   - QFT….. Positive ___ Negative ___ ………. Month/Year
   - If QFT positive – refer for evaluation and possible treatment
   - If QFT negative – annual symptom review will be required
3. EXCEPTION: Known exposure in past to BCG vaccine, then QFT dated November 1, 2022 or later is required …………………….. Month/Year

**D. Varicella**
1. Two doses of Varicella Vaccine …………………….. Month/Year
   - Or . . .
2. Immune Titer: *(Required)* Result….. Positive ___ Negative ___ ………. Month/Year

**E. Tetanus/Pertussis (Within past 10 years)**
1. Most recent Tetanus booster …………………….. Month/Year
2. One-time adult dose of Tdap *(Required)* …………………….. Month/Year

**F. Influenza Vaccine:** *(Annual Requirement after matriculation to Medical School)*

**G. Optional - COVID-19 Vaccine: Dose 1: _____ Dose 2: _____ Booster Dose: _____

**To Be Completed and Signed by Health Care Provider**

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Submit Document to: https://enterprise-health.umich.edu/

Revised: 10/2023