MSUCOM Healthcare Professional Student Immunization Form & Chart

Instructions for Medical Care Providers assisting COM students with completing & documenting immunization requirements listed below:

- You may find some requirements are slightly different than you would advise for your standard patients, this is due to our students being considered Healthcare Professional Students. These are the requirements set forth by our University and partnering hospital systems.
- Pages 2-3 are for you to assist the student in filling out their vaccination history.
  - Fields with gray font are to be filled by overwriting in ink.
- Pages 3-8 are a chart to assist with finding next steps needed for each requirement.

Instructions for COM Students:

- Please use the chart below to assist you with knowing your next steps. While COM staff will assist as much as possible, we suggest you seek medical advice concerning your personal health from your primary care provider (PCP) or other healthcare provider (HCP).
- Most students will:
  - Start by having titers drawn for Measles, Mumps, Rubella, Varicella, and Hepatitis B
    - If titers are positive – no additional steps are needed for Measles, Mumps, Rubella, and Varicella, though it is recommended that you also submit documentation of previous vaccination history.
    - Hepatitis B requires documentation of an appropriately spaced 2 or 3 dose vaccine series along with the positive titer.
    - If titers are negative – documentation of an appropriately spaced vaccination series is required along with the negative titer for – Measles, Mumps, Rubella, and Varicella requirements to be satisfied. If you do not have records of appropriately spaced vaccinations, additional vaccines will be required.
    - Hepatitis B- If negative titer results after an appropriately spaced initial vaccine series, additional dose(s) of vaccine will be required, please follow the chart below for this requirement.
  - Decide which TB option you will submit.
    - TB Skin Test – Requires the student to present for an injection to be placed under the skin of the forearm and then return to the facility to have the skin test read 48-72 hours later. This two-step process will yield one TB skin test result. Upon entry to medical school, if you choose the TB skin test option, you must submit two separate TB skin test results that are 1 to 3 weeks apart in dates.
    - TB Blood Test – Requires the student to present for a blood draw that will then be submitted to test for tuberculosis infection. This is a one-step option, however, does typically take about five business days for results to report.
    - The TB option chosen during the matriculation process does not determine how the student must update this annual requirement. However, the students must plan ahead to ensure that TB results are available and submitted for processing before the expiration date (1 year after date of matriculation results).
  - Gather the remaining documentation for: Tdap, Polio (recommended not required), and Influenza (last dose given can be submitted, not required until November 1st).
- NOTE – Costs associated with immunizations, monitoring, and titers are the responsibility of the student. Check with your insurance company to determine what vaccines may be covered and if there are restrictions on where you may receive them. MSU Student Health Services (SHS) will bill your insurance for vaccinations. The appointment line for SHS is 517.353.4660.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Instructions</th>
<th>Documentation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Two doses of live measles vaccine, given on or after the first birthday and spaced at least 28 days apart and a titer OR positive titer – <a href="#">more info Page 4</a></td>
<td>Dose #1 → date Titer Date → date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #2 → date Immunity → ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Same requirements as Measles – <a href="#">more info Page 4</a></td>
<td>Dose #1 → date Titer Date → date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #2 → date Immunity → ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>One dose of live rubella vaccine given on or after the first birthday and a titer OR positive titer Rubella vaccine is often given along with the two doses of Measles and Mump vaccine (MMR). Please indicate both dates of vaccine administration if you received this type of vaccination series – <a href="#">more info Page 4</a></td>
<td>Dose #1 → Titer Date → date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #2 → Date – if given with MMR series Immunity → ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>Two doses of varicella vaccine given on or after the first birthday and spaced at least 28 days apart if given at age 13 or older, 3 months apart if given before age 13, and a titer OR positive titer – <a href="#">more info Page 4</a> If you have had chickenpox disease, you must titer to prove immunity.</td>
<td>Dose #1 → date Titer Date → date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #2 → date Immunity → ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Two or three doses of appropriately spaced Hepatitis B vaccine (Two dose series Hepatitis B only applies when two doses of Heplisav-B are used at least 4 weeks apart) AND a positive titer OR history of disease verified by lab evidence – <a href="#">more info Page 4</a></td>
<td>Dose #1 → date Quantitative Surface Antibody Test Date → date</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Dose #2 → date mIU/ml → mIU/ml</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Dose #3 → Date – required for 3 dose series Immunity → ☐ Yes ☐ No</td>
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<tr>
<td></td>
<td>*Titer instructions- Wait 28 days after the 2nd or 3rd dose of vaccine before getting a titer (Titering after 2nd dose only applies when two doses of Heplisav-B are used at least 4 weeks apart); it is important to have a titer done within two months of vaccine completion to get accurate results. If negative titer results after an appropriately spaced initial vaccine series, additional doses of vaccine will be required.</td>
<td>Repeat Dose #1 → date Quantitative Surface Antibody Test Date → date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repeat Dose #2 → date mIU/ml → mIU/ml</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Repeat Dose #3 → Date – required for 3 dose series Immunity → ☐ Yes ☐ No</td>
<td></td>
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</tbody>
</table>

Page 2 of 8
### Tetanus, Diphtheria, and Pertussis

One adult dose of Pertussis containing vaccine \textbf{AND} Tetanus and Diphtheria vaccine within 10 years – more info Page 4

An adult dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) satisfies the requirement for all, if given within the last 10 years. If more than 10 years, receive tetanus (Td) update. There is no minimum interval required between last Td and Tdap.

<table>
<thead>
<tr>
<th>Tdap Vaccine Date (\rightarrow)</th>
<th>date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Td Vaccine Date (\rightarrow)</td>
<td>\textit{If more than 10 years since last Tdap}</td>
</tr>
</tbody>
</table>

### Polio

Three appropriately spaced doses of vaccine are recommended – more info Page 4

| Dose \#1 \(\rightarrow\) | | Date – not required |
| Dose \#2 \(\rightarrow\) | | Date – not required |
| Does \#3 \(\rightarrow\) | | Date – not required |

### Tuberculin Test

A two-step tuberculin skin test and tuberculin skin test annually thereafter. Test results must be reported in millimeters. “Negative” is an interpretation and not an acceptable result. Second step tuberculin skin test must be read 1-3 weeks after the first. \textbf{OR} A single blood test and annually thereafter – more info Page 4

If prior history of a positive tuberculin skin test: Present documentation of reactive TB skin test, chest X-ray results, treatment plan, and symptom monitor. Each situation will be assessed on an individual basis by the University Physician staff. Annual follow-up will be determined based on the assessment.

If prior history of a positive blood test: Present documentation of positive blood test, chest X-ray results, treatment plan, and symptom monitor. Symptom monitors will be required annually.

| TB Skin Test \#1 \(\rightarrow\) | Results \(\rightarrow\) |
| date | mm |
| TB Skin Test \#2 \(\rightarrow\) | Results \(\rightarrow\) |
| date | mm |
| TB Blood Test \(\rightarrow\) | Results \(\rightarrow\) |
| date | |

### Influenza

Influenza vaccine annually prior to November 1. Exceptions will be made for those with detailed documentation of valid medical contraindications – more info Page 4

| Date of last Influenza Vaccine \(\rightarrow\) | Date – not required until November 1st |

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Signature of Person Completing Form – Asserting Accurate to the Best of Your Knowledge

Printed Name & Title of Person Completing Form

Date Form Completed & Signed

Page 3 of 8

Last Updated: 5/12/2023 - LP/COMReg
Measles
Mumps
Rubella
Varicella

Positive Titer

Requirement
Complete - no additional steps needed

Negative Titer

Submit documentation of properly spaced vaccination series

Complete properly spaced vaccination series

Submit documentation of properly spaced vaccination series

Requirement
Complete - no additional steps needed
Hepatitis B

Positive Titer

Submit documentation of properly spaced vaccination series

Requirement Complete - no additional steps needed

Negative Titer

Submit documentation of properly spaced vaccination series

Receive Booster Dose of Hepatitis B

Repeat Titer

Positive Titer

Requirement Complete - no additional steps needed

Negative Titer

Complete repeat Hepatitis B series, properly spaced, with Booster Dose being the initial dose of the repeat series

Repeat Titer

Positive Titer

Requirement Complete - no additional steps needed

Your Primary Care Provider (PCP) will need to order a Hepatitis Panel to rule out Hepatitis Infections. If your Hepatitis Panel is negative for Hepatitis infection, your PCP will need to provide you with counseling related to being a Hepatitis B Non-Responder in a Healthcare Profession and a document stating you are a Hepatitis B Non-Responder.

Submit the non-responder document from our PCP

Requirement Complete - no additional steps needed
Tdap

Submit documentation of properly spaced Tetanus, Diphtheria, and Pertussis vaccine(s)

Requirement
Complete - no additional steps needed

Polio

Recommended, not required

Submit documentation of properly spaced vaccination series

Recommendation
Complete - no additional steps needed
TB

**Annual Requirement**

**TB Skin Test**
- Present for TB skin test to be placed in your arm and return 48-72 hours later for the results to be read.
- Submit 1 of 2 required TB results
- 1 to 3 weeks after the 1st result, present for TB skin test to be placed in your arm and return 48-72 hours later for the results to be read
- Submit 2 of 2 required TB results
- Requirement Complete - no additional steps needed

**TB Blood Test**
- Blood draw required with time for results to report, student only needs to present on-time for blood draw
- Submit TB results

TB blood test or TB skin test will be accepted

If you have a positive TB result, or have a history of Tuberculosis, please reach out to COM Registrar for advice from MSU Occupational Health, com.osteomedreg@msu.edu
Influenza

**Annual Requirement**

Due before November 1st of each year

If you have documentation of a recently received Influenza vaccination, please submit the document.

You will need to plan to update your Influenza vaccine before the November 1, 2023 deadline.

No additional steps required until October 2023

If you do not have documentation of a recently received Influenza vaccine, you will need to plan to update your Influenza vaccine before the November 1, 2023 deadline.

No steps required until October 2023