

AAMC Standardized Immunization Form

Last Name:			First Name:		Middle Initial:		
DOB:			Street Address:				
Medical School:			City:				
Cell Phone:			State:				
Primary Email:			ZIP Code:				
Student ID:			Last 4 SS#:				
		ella) – 2 doses of MMR vaccine of for Measles, Mumps and/or Rube		easles, two (2) doses of I	Mumps and (1) dose of Rubella;		
Option1		Vaccine		Date			
MMR		MMR Dose #1					
-2 doses of MMR v		MMR Dose #2					
Option 2		Vaccine or Test		Date			
D.O.		Measles Vaccine Dose #1					
-2 doses of vac	easles cine or	Measles Vaccine Dose #2					
positive se	erology	Serologic Immunity (IgG, ar	ntibodies, titer)		☐ Copy Attached		
	lumna	Mumps Vaccine Dose #1		//			
	Mumps -2 doses of vaccine or	Mumps Vaccine Dose #2		//			
positive serology	Serologic Immunity (IgG, ar	ntibodies, titer)	//	☐ Copy Attached			
<u> </u>	ubella	Rubella Vaccine					
-1 dose of vaccine or positive serology					☐ Copy Attached		
positive se	rology	3 7(37			_ 55p, 1		
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Name:					_ Date of Birth: _	
	(Last,	First, Middle Ir	nitial)			(mm/dd/yyyy)
status	. If you have a history ent below. You only r	of a positive TS need to complete nest or IGRA rest	T (PPD)≥10mm or lo ONE section. ults should not exp	GRA please supp pire during prop or	oly information regard	ed <u>regardless</u> of prior BCG ding any evaluation and/or ding dates
		must be up	dated with the rec	eiving institution	n prior to rotation.	
	l <u>a</u>	T T		creening Histor		T .
	Section A		Date Placed	Date Read	Reading	Interpretation
		TST #1			mm	□ Pos □ Neg □ Equiv
		TST #2	//	//	mm	☐ Pos ☐ Neg ☐ Equiv
	Negative Skin or Blood Test History	TST #3	//	//	mm	□ Pos □ Neg □ Equiv
>	riistory			Date	Result	
onl	Last two skin test or IGRAs required Use additional rows as needed Section B	IGRA Blood Test (Interferon gamma releasing assay)			□ Negative□ Indeterminate	☐ Copy Attached
ction		IGRA Blood Test (Interferon gamma releasing assay)			☐ Negative☐ Indeterminate	☐ Copy Attached
		IGRA Blood Test (Interferon gamma releasing assay)			□ Negative□ Indeterminate	☐ Copy Attached
	Section B		Date Placed	Date Read	Reading	Interpretation
ue		Positive TST	//	//	mm	
0			I	Date	Result	
complete one	History of Latent	Positive IGRA BI	ood Test		IU	☐ Copy Attached
шо	Positive Blood	Chest X-ray				☐ Copy Attached
(1)		Prophylactic Med	☐ Yes ☐ No			
Please	Test	Total Duration of prophylaxis?				Months
		Last Annual TB Symptom Questionnaire				☐ Copy Attached
	Section C				Date	
		Date of Diagnosi	s		//	
	History of Active Tuberculosis	Date of Treatment Completed				☐ Copy Attached
		Date of Last Annual TB Symptom Questionnaire			//	☐ Copy Attached
		Date of Last Chest X-ray				☐ Copy Attached
Varice	ella (Chicken Pox) -2	doses of vaccine o	or positive serology			
		Variable Vas-	no #1		Date , ,	
		Varicella Vacci				_
		Varicella Vacci		- 4:4\		D.O. Allerted
		Serologic immu	unity (IgG, antibodie	es, titer)	//	Copy Attached



AAMC Standardized Immunization Form

Name:		Date of Birth:			
(Last,	First, Middle Initial)	(mm/dd/yyyy)			
Influenza Vaccine1 dose	annually each fall				
	Flu Vaccine		☐ Copy Attached		
	Flu Vaccine		☐ Copy Attached		
Vaccines Which May be Re	equired:				
	Polio Booster Vaccine		☐ Copy Attached		
	Hepatitis A		☐ Copy Attached		
	Hepatitis A		☐ Copy Attached		
	Meningitis Vaccine		☐ Copy Attached		
MUST BE COMPLET	ED BY YOUR HEALTH CARE PROVIDE	ER OR INSTITUTION	AL REPRESENTATIVE:		
Authorized Signature	:	Date:	<u></u>		
Printed Name	:		Office Llee Only		
Title	:		Office Use Only		
Address Line 1	:				
Address Line 2	:				
City	:				
State	:				
Zip					
Phone					
Fax	<u> </u>				
Email Contact					

- 1. Hepatitis B In: Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015
- 2. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, Vol 60(7):1-45
- 3. <u>Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students, MMWR Vol 61(RR03):1-12.</u>

^{*}Sources: