

## Pre-Registration Immunization Form for Non-Clinical Students

**This form must be completed by an MD/DO, NP, or PA who is not a relative.** Please attach immunization records, and copies of **all titers, antigens, and x-rays**. All reports must be submitted in English. Failure to do so will result in registration delays.

Visit the [Student Health on Haven website](#) for the following:

- Additional information on pre-registration health requirements for non-clinical students (*Public Health, Human Nutrition, Graduate School of Arts and Sciences*)
- Access to the online health portal, where you must complete an online health history form and submit proof of a COVID-19 vaccination (*scan of a completed vaccine card*)

### This section to be completed by the student:

Last Name	_____	First Name	_____	Middle Initial	_____
UNI	_____	Date of Birth	_____	School/Program	_____
Full-time	_____	Part-Time	_____	Telephone Number	_____

### This section to be completed by a medical provider:

Measles (Rubeola), Mumps, Rubella (MMR): Two doses of MMR vaccine (after 1 year of age) OR two doses of measles vaccine, two doses of mumps vaccine, and one dose of rubella vaccine OR positive titers (IgG) showing immunity to measles, mumps and rubella				
	Vaccine/Titer	Date	Result	Copy Attached
<b>Option A</b> MMR Immunizations (On or after first birthday and at least 28 days apart)	MMR Dose 1		N/A	
	MMR Dose 2			
<b>Option B</b> Positive MMR IgG Antibody titers (lab reports required)	Measles (Rubeola) Titer			Lab Report Required
	Mumps Titer			Lab Report Required
	Rubella Titer			Lab Report Required
<b>Option C</b> Measles, Mumps and Rubella Immunizations (On or after first birthday and at least 28 days apart)	Measles Dose 1		N/A	
	Measles Dose 2			
	Mumps Dose 1			
	Mumps Dose 2			
	Rubella Dose 1			

Name \_\_\_\_\_ UNI \_\_\_\_\_

**Tuberculosis Screening:** IGRA blood test (QuantiFERON Gold or T-Spot) within 6 months of program start date. If positive, submit chest x-ray report

Option A	Test	Date	Result/Reading	Copy Attached
No Prior Positive Test <i>Documentation of a negative test reported within six months of program start date (lab report required)</i>	IGRA Blood Test (QuantiFERON or T-SPOT):			Lab Report Required
<b>Option B</b> History of Prior Positive Test (recent or past)  <i>* History of latent TB, positive skin test or positive blood test</i>  <i>** Chest x-ray should be dated after the date of the positive test.</i>	POSITIVE skin test* (reading > 10 mm)		mm	N/A
	Positive IGRA Blood Test (QuantiFERON or T-SPOT testing)			Lab Report Required
	Report	Date	Normal/Abnormal	Copy Attached
	Chest X-ray Report** (required)			Report Required
<b>Prophylactic Medications for Latent TB Taken</b>	Yes		No	
	Date Started		Date Ended	
	Medications Taken			
	Length of Treatment			
<b>Option C</b> History of Active TB (recent or past)	Date of Diagnosis		Date Treatment Completed	
	Report	Date	Normal/Abnormal	Copy Attached
	Chest Chest X-ray Report** (required)			Report Required

I attest that all dates, results, and immunizations listed on this form are correct and accurate.

Provider's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ License Number \_\_\_\_\_

Clinician/Practice Stamp (required)