

UIC College of Medicine
MANDATORY IMMUNIZATION DOCUMENTATION FORM

Note that this is the only form accepted by the UIC College of Medicine Admissions Office.

Form revised September, 2007

Student name _____

UIN# (find in Admissions letter) _____

email _____

UNIVERSITY OF ILLINOIS ADMISSIONS REQUIREMENTS

UIC Registrar places holds for lack of compliance of these requirements

MEASLES (RUBEOLA)

Immunity confirmed by titer. Date of Titer _____

Results _____ Date of re-immunization _____

Attach copy of lab report

MUMPS

Immunity confirmed by titer. Date of Titer _____

Results _____ Date of re-immunization _____

Attach copy of lab report

GERMAN MEASLES (RUBELLA)

Immunity confirmed by titer. Date of Titer _____

Results _____ Date of re-immunization _____

Attach copy of lab report

TETANUS AND DIPHTHERIA

TD or DT or DPT or Tdap required. (Tetanus toxoid (TT) not acceptable).

Three primary series immunizations are needed OR date of last booster OR exempt status conferred. Please fill in the relevant portion below.

Immunization 1 - Date _____

Immunization 2 - Date _____

Immunization 3 - Date _____

OR

Last Booster Shot - Date _____

Booster must be within the last 10 years

OR

Exempt Status. Date of exemption _____

Attach physician's statement

POLIO Three immunizations are needed OR date of last booster OR date of immunization as an adult. Please fill in the relevant portion below.

Immunization 1 - Date _____

Immunization 2 - Date _____

Immunization 3 - Date _____

OR

Last Booster Shot Date _____ Oral (Sabin) Injection (Salk)

OR

Immunized as an Adult. Date conferred _____

TUBERCULOSIS (check the appropriate box)

HAS HAD THE DISEASE HAS NOT HAD THE DISEASE

AND fill out the appropriate section below for annual updates:

NOTE: Only 2 Step Tuberculin Skin Test (TST) is accepted.

NOTE: TST must be read 48-72 hours after application.

TST Step 1 Date read _____ Result _____ mm induration

TST Step 2 Date read _____ Result _____ mm induration

OR

Had a positive Mantoux skin test. When? _____ year.

Attach documentation after positive Mantoux test.

Baseline Chest X-ray Date _____ Positive Negative

Attach copy of Chest X-ray report.

Had BCG vaccine. Date _____

OPTIONAL:

QTBG Quantiferon-Gold Blood Test

Date _____ Results _____

Attach copy of lab report

UIC COLLEGE OF MEDICINE ADMISSIONS REQUIREMENTS

Protections required for clinical exposures during medical education

HEPATITIS B Three immunizations are needed **AND** the documentation of immunity by titer. NOTE: Titers are required for the M3/M4 Curriculum. Please fill in the relevant portion below.

Immunization 1 - Date _____

Immunization 2 - Date _____

Immunization 3 - Date _____

AND

Immunity confirmed by titer. Date of Titer _____

HB surface antigen Positive Negative

HB surface antibody Positive Negative

Antibody must be positive, or immunization is required

Attach copy of lab report

VARICELLA ZOSTER (CHICKEN POX)

Immunity confirmed by titer. Date of Titer _____

Results _____ Date of re-immunization _____

Attach copy of lab report

DISEASE VERIFICATION CHECKLIST

Check the appropriate box for each disease listed below

(Yes, had the disease; or No, has not had the disease; date of vaccination.)

HEPATITIS A Yes No. Date of immunization _____

MENINGITIS Yes No. Date of immunization _____

INFECTIOUS MONONUCLEOSIS Yes No

PERTUSSIS (WHOOPING COUGH) Yes No

OTHER CERTIFICATIONS required during medical school

CPR TRAINING (included in Essentials of Clinical Medicine course)

CBC CRIMINAL BACKGROUND CHECK (at M1 Orientation)

DRUG SCREENING (may be required for some M3/M4 clinical rotations)

FINGER PRINTING (at M1 Orientation)

HEPATITIS C (may be required for some M3 clerkships)

HIPAA TRAINING (during M1 Year)

INFLUENZA VACCINATION (annual vaccination required in fall/winter)

RESPIRATOR FIT TESTING (during M1/M2 Year)

CERTIFICATION by Health Care Professional

Name of Health Care Provider Filling out Form _____

(circle one) RN MD DO

Name and address of Institution or Clinic (or stamp) _____

Phone _____

FAX _____

I certify that this information is complete and correct to the best of my knowledge.

Date _____

Signature of Health Care Provider _____

Return ORIGINAL FORM (w.attached documentation) as noted below. Retain COPIES.

NEW STUDENTS: UIC Office of Medical College Admissions (M/C 783)
 808 South Wood Street, Room 165, Chicago, IL 60612-7302

CURRENT STUDENTS: UIC College of Medicine Office of Student Affairs (M/C 785)
 1853 West Polk, Room 112, Chicago, IL 60612-7332