

UIC College of Pharmacy

MANDATORY PHARMACY STUDENT IMMUNIZATION DOCUMENTATION FORM

This is the only form accepted by the UIC College of Pharmacy Student Affairs Office. Form revised May 2007

Student name _____

UIN (in Admissions letter or on I-card) _____

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: Tuberculin Skin Test (TST) 2 Step may be required.

TST reading must be done from 48 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 results and copy of chest x-ray report.

Baseline Chest X-ray Date _____ Positive Negative

Had BCG vaccine. Date _____

OPTIONAL: QTBG Quantiferon-Gold Blood Test

Date _____ Results _____

UIC COLLEGE OF PHARMACY EXPERIENTIAL REQUIREMENTS

Protections required for clinical exposures during pharmacy student education

HEPATITIS B Three immunizations are needed AND the documentation of immunity by titer. 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. If the antibody titer is negative, the antigen is required.

Repeat immunization may be required under certain circumstances.

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

OTHER CERTIFICATIONS *(required during pharmacy school)*

PHARMACY TECHNICIAN LICENSE *(upon entry and renewed by April each year)*

CRIMINAL BACKGROUND CHECK *(every fall semester)*

DRUG SCREENING *(every fall and spring semesters)*

FINGER PRINTING *(some clinical training sites)*

HIPAA TRAINING *(during P-1 Year)*

CPR TRAINING

PHARMACY-BASED IMMUNIZATION DELIVERY

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 _____

Applicant: Return ORIGINAL FORM (with attached documentation) to:

UIC College of Pharmacy
Office of Student Affairs (M/C 874)
University of Illinois at Chicago
833 South Wood Street, Room 145
Chicago, IL 60612-7230

Phone: 312-996-7242

Retain COPIES for your files.