

SCHOOL OF MEDICINE

IMMUNIZATION COMPLIANCE FORM

Louisiana R.S. 17:170 – Schools of Higher Learning

Tulane University Campus Health, Health Center – Downtown 504-988-6929, Uptown 504-865-5255
Upload this form and any lab reports in the Patient Portal: campushealth.tulane.edu/immunizations.

How to Submit

- 1) Make sure your health provider completes and signs the **AAMC Standardized Immunization Form** (included in this packet) and provides copies of applicable lab reports. All lab reports must indicate your name and date of birth. **NOTE: Physical Exam and Respiratory Fit Testing are NOT REQUIRED for entering students.**
- 2) Tuberculosis Screening test (IGRA or TST) should be done within a year prior to start date.
- 3) Tuberculosis Symptom Evaluation and Individual TB Risk Assessment must be completed via the Patient Portal through the Forms section.
- 4) T-spot IGRA Tuberculosis blood tests are only accepted if performed in the US.
- 5) All lab reports (for titers, IGRAs, etc.) must be uploaded onto the Patient Portal, and all lab reports must be in English.
- 6) Visit our website at campushealth.tulane.edu/immunizations.
- 7) **Log on to the Patient Portal** using your Tulane log-on information (your email address without the @tulane.edu and your email password).
It may take up to three business days after you receive your Tulane email account before you can access the Patient Portal. *(If you still cannot log in to the Patient Portal after three days, please contact the immunizationoffice for assistance at immunizations@tulane.edu.)*
- 8) **Choose Immunizations and Enter Dates.** Fill in all the dates and information copied directly from your form. When finished, click “Submit”. Please **scan your immunization documents**.
NOTE: Your files can be no larger than 4MB. (Scan in black and white or at a setting of 150 DPI to achieve a smaller file).
- 9) Next, use the **Upload Documents** link to upload your scanned copy of the completed form along with any necessary lab reports.
- 10) Once your form is uploaded, it may take up to five business days for the form to be reviewed and verified. Check your Tulane email regularly for notification of secure messages from the Health Center.
- 11) **You will receive a secure message** via the Patient Portal notifying you whether your records are either
(✓) in compliance which allows you to register for classes or
(✕) out of compliance which means you cannot register for classes until you upload the additional records specified via secure message.
- 12) All communication regarding your immunization records is private and visible only via the Patient Portal. You will receive a secure message notification in your Tulane email directing you to the Patient Portal. You should **submit health information only via the Patient Portal** and never by email.
- 13) You will be eligible to register for classes **only** once your immunization records are in compliance with University policy and Louisiana law.

Please provide records of childhood vaccines and any vaccines received prior to international travel. NOTE: ALL immunizations are required unless medically contraindicated. Medical Exemptions are allowed with written documentation from a physician.



AAMC Standardized Immunization Form

Last Name:	First Name:	Middle Initial:
DOB:	Street Address:	
Medical School:	City:	
Cell Phone:	State:	
Primary Email:	ZIP Code:	
AAMC ID:		

MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and (1) dose of Rubella; or serologic proof of immunity for Measles, Mumps and/or Rubella. Choose only one option. <i>Note: a 3rd dose of MMR vaccine may be advised during regional outbreaks of measles or mumps if original MMR vaccination was received in childhood.</i>				Copy Attached
Option 1	Vaccine	Date		
MMR -2 doses of MMR vaccine	MMR Dose #1			
	MMR Dose #2			
Option 2	Vaccine or Test	Date		
Measles -2 doses of vaccine or positive serology	Measles Vaccine Dose #1		Serology Results	
	Measles Vaccine Dose #2		Qualitative Titer Results:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results:	_____ IU/ml
Mumps -2 doses of vaccine or positive serology	Mumps Vaccine Dose #1		Serology Results	
	Mumps Vaccine Dose #2		Qualitative Titer Results:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results:	_____ IU/ml
Rubella -1 dose of vaccine or positive serology	Rubella Vaccine		Serology Results	
			Qualitative Titer Results:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results:	_____ IU/ml
Tetanus-diphtheria-pertussis – 1 dose of adult Tdap; if last Tdap is more than 10 years old, provide date of last Td or Tdap booster				
	Tdap Vaccine (Adacel, Boostrix, etc)			
	Td Vaccine or Tdap Vaccine booster (if more than 10 years since last Tdap)			
Varicella (Chicken Pox) - 2 doses of varicella vaccine or positive serology				
	Varicella Vaccine #1		Serology Results	
	Varicella Vaccine #2		Qualitative Titer Results:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		Quantitative Titer Results:	_____ IU/ml
Influenza Vaccine --1 dose annually each fall				
		Date		
	Flu Vaccine			



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 (Last, First, Middle Initial) (mm/dd/yyyy)

Hepatitis B Vaccination --3 doses of <i>Engerix-B, Recombivax</i> or <i>Twinrix</i> or 2 doses of <i>Heplisav-B</i> followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after the last dose. If negative titer (<10 IU/ml) complete a second Hepatitis B series followed by a repeat titer. If Hepatitis B Surface Antibody titer is negative after a secondary series, additional testing including Hepatitis B Surface Antigen should be performed. See: http://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf for more information. Documentation of Chronic Active Hepatitis B is for rotation assignments and counseling purposes only.				Copy Attached
Primary Hepatitis B Series <small>Heplisav-B only requires two doses of vaccine followed by antibody testing</small>	3-dose vaccines (<i>Engerix-B, Recombivax, Twinrix</i>) or 2-dose vaccine (<i>Heplisav-B</i>)	3 Dose Series	2 Dose Series	
	Hepatitis B Vaccine Dose #1			
	Hepatitis B Vaccine Dose #2			
	Hepatitis B Vaccine Dose #3			
	QUANTITATIVE Hep B Surface Antibody		_____ IU/ml	
Secondary Hepatitis B Series <u>Only If no response to primary series</u> <small>Heplisav-B only requires two doses of vaccine followed by antibody testing</small>		3 Dose Series	2 Dose Series	
	Hepatitis B Vaccine Dose #4			
	Hepatitis B Vaccine Dose #5			
	Hepatitis B Vaccine Dose #6			
	QUANTITATIVE Hep B Surface Antibody		_____ IU/ml	
Hepatitis B Vaccine Non-responder <small>(If Hepatitis B Surface Antibody Negative after Primary and Secondary Series)</small>	Hepatitis B Surface Antigen		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
	Hepatitis B Core Antibody		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Chronic Active Hepatitis B	Hepatitis B Surface Antigen		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
	Hepatitis B Viral Load		_____ copies/ml	
Additional Vaccines				
<i>Some states and institutions may have additional vaccine requirements for students, health sciences personnel, and first responders depending upon assignment, school requirements or state law. Examples include meningitis vaccine which is mandated in some states for incoming students.</i>				
Vaccination	Date			
Meningococcal Vaccine ACWY				
Additional Comments				



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CDC Recommendations: Preplacement (baseline) TUBERCULOSIS SCREENING AND TESTING of all health care personnel/ trainees consists of a TB symptom evaluation, a TB test (IGRA or TST), and an individual TB risk assessment. You only need to complete ONE section below: A or B or C.

Section A: If you do not have a history of TB disease or LTBI (Latent Tuberculosis Infection), the results of a 2-step TST (Tuberculosis Skin Test), or TB IGRA (Interferon Gamma Release Assay) blood test are required, **regardless** of your prior BCG status. You should also check off the results of your individual baseline TB symptom evaluation and TB risk assessment questionnaire.

Section B: If you have a history of a positive TST (PPD) ≥ 10 mm or a positive IGRA, please supply information regarding further medical evaluation and treatment below.

Section C: History of active tuberculosis, diagnosis and treatment.

Health Care Personnel with a baseline NEGATIVE Skin Test result or a NEGATIVE IGRA blood test and negative symptom evaluation will receive annual TB education; additional TB screening may be recommended by state or local health departments for certain occupational high risk groups.

Tuberculosis Screening History

Please complete only one TB section based on your history	Section A	Date Placed	Date Read	Result	Interpretation	Copy Attached	
	No history of prior TB Disease or LTBI <small>Dates of the last 2-step TST or TB IGRA blood test are required</small> <small>(IGRAs include QuantiFERON TB Gold Test, QuantiFERON TB Gold in-tube test, or T-spot TB Test)</small>	TST step #1			____ mm	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv	
		TST step #2			____ mm	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv	
				Date	Result		
		QuantiFERON TB Gold or T-Spot (Interferon Gamma Release Assay)				<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
		QuantiFERON TB Gold or T-Spot (Interferon Gamma Release Assay)				<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
		Individual TB Symptom Assessment				<input type="checkbox"/> Negative <input type="checkbox"/> Positive (Medical follow-up needed)	
	Individual TB Risk Assessment				<input type="checkbox"/> Negative <input type="checkbox"/> Positive (Increased risk TB infection)		
	Section B	Date Placed	Date Read	Result			
	History of LTBI, Positive TB Skin Test, or Positive TB IGRA Blood Test <small>(IGRAs include QuantiFERON TB Gold Test, QuantiFERON TB Gold in-tube test, or T-spot TB Test)</small>	Positive TST			_____ mm		
		Date	Result				
QuantiFERON TB Gold or T-Spot (Interferon Gamma Release Assay)				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate			
Chest X-ray				_____			
Treated for latent TB?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If treated for latent TB, list medications taken:							
Total Duration of treatment latent TB?				_____ Months			
Date of Last Annual TB Symptom Questionnaire							
Section C			Date				
History of Active Tuberculosis	Date of Diagnosis						
	Date of Treatment Completed						
	Date of Last Annual TB Symptom Questionnaire						
	Date of Last Chest X-ray						



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MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER OR INSTITUTIONAL DESIGNEE:

Authorized Signature:		Date:
Printed Name:		Office Use Only
Title:		
Address Line 1:		
Address Line 2:		
City:		
State:		
Zip:		
Phone: () _____ - _____	Ext: _____	
Fax: () _____ - _____		
Email Contact:		

*Sources:

1. Kim DK, Hunter P. Advisory Committee on Immunization Practices: Recommended Immunization Schedule for Adults Aged 19 years or Older—United States, 2019. MMWR 2019; 68:115-118. <http://dx.doi.org/10.15585/mmwr.mm6805a5>.
2. [Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), MMWR 2011, Vol 60\(RR077\):1-45](#)
3. Schillie S, Harris A, Link-Gelles R. et al. Recommendations of the Advisory Committee on Immunization Practices for Use of a Hepatitis B Vaccine with a Novel Adjuvant. MMWR 2018;67:455-8. <https://doi.org/10.15585/mmwr.mm6715a5>.
4. Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR 2019;68:439-443. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>.
5. Centers for Disease Control and Prevention. Tuberculosis (TB) Screening, Testing, and Treatment of U.S. Health Care Personnel Frequently Asked Questions (FAQs). <https://www.cdc.gov/tb/topic/infectioncontrol/healthcarepersonnel-faq.htm>.