

Oregon Health & Science
University

Joseph B. Trainer Student Health
Service

IMMUNE STATUS FORM

Mail, Email or Fax to:
OHSU Student Health Service, L587
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
FAX: 503.494.2958
askshs@ohsu.edu

Name: _____
(Required)

Gender: M ____ F ____
(Required)

D.O.B. & Place: _____
(Required)

SSN: _____ - _____ - _____ Today's Date: _____
(Required) (Required)

Email: _____
(Required)

OHSU Program: _____
(Required)

State & Year of High School Graduation: _____
(Required)

For Health Service Use Only (Initial)
Rev. #1 date
Recheck date
Rev #2 date
Recheck date
Rev #3 date
Recheck date
Compliance date
NueMd entry date

REQUIRED IMMUNIZATIONS – Dates must include MM/DD/YYYY if available.

	NEED	OK
1) TETANUS/DIPHTHERIA Required: Primary series of 3. Date completed: _____ Also Required: Booster within the last 10 years. Date: _____ If booster after 2004, was this a Tdap (tetanus-diphtheria-pertussis) vaccination? (Please find out.) Yes <input type="checkbox"/> No <input type="checkbox"/>		Td
2) POLIO Required: Primary series of 4. Date of completion _____ Date of adult booster (or #5) if received _____		Polio
3) MEASLES (Rubeola) Required: One of the following: 1) Immunity confirmed by blood titer (Attach copy of lab report) Date of titer : _____ 2) Two vaccinations with live attenuated virus vaccine and/or MMR Date:measles #1 _____ or MMR1 _____ Date:measles #2 _____ or MMR2 _____ (If first date unknown, date of second vaccine after 1989 _____)		Rubeola
4) MUMPS Required: One of the following 1) Two live mumps virus vaccinations (either MMR or mumps vaccine) type and date) _____ and (vaccine type and date) _____ 2) Blood test (mumps antibody titer) showing immunity. Date _____ Result _____ Attach copy of lab report		MUMPS
5) RUBELLA Required: One of the following: 1) Immunity confirmed by blood titer. (Attach copy of lab report) Date: _____ 2) Immunization with live attenuated rubella virus vaccine or MMR (type and date) Date: _____		Rubella
6) HEPATITIS B Required: Item 1 OR Item 2; AND Item 3 1) 3 primary series shots: Date: #1 _____ 3) Immunity confirmed by HbsAB blood titer (at 0, 1, 6 mo) Date: #2 _____ (Hep B Surface Antibody result positive or Date: #3 _____ Attach copy of lab report. Date: _____ 2) Had the disease Date: _____ Have you had these Hepatitis B titers? (Will be needed if unable to achieve item 3 above.) HepBsAG _____ Infectious if positive (you are a carrier) Date Result HepBcAB _____ Means you had history of disease if positive Date Result		Hep B V HbsAB Titer HepBsAG HepBcAB
7) VARICELLA Required: One of the following: Documentation showing verification of immunity to Varicella: 1. Document signed by Health Care Provider stating the date you had chickenpox disease. 2. Documentation of two doses of Varicella vaccine: Date #1: _____ Date #2 _____ 3. Laboratory evidence of immunity (Varicella antibody titer) Date _____ Result _____ Attach copy of lab report.		Varicella
8) TUBERCULIN STATUS: Note: You will also need annual TB test (TST) clearance while at OHSU. List dates for two-step TST, <i>two tests</i> , both negative, at least a week but not more than a year apart, the second must be done less than 12 months before entry to OHSU. 1) Skin Test #1: Date: _____ Result: Neg ____ Pos ____ mm if known _____ 2) Skin Test #2: Date: _____ Result: Neg ____ Pos ____ mm if known _____ If you have a positive TST, submit a chest x-ray report and INH history. If you had BCG, please obtain a Quantiferon TB Gold test and submit the result.		TB
9) OTHER – Informational, not required at this time for entrance to OHSU (List vaccines and dates)		