

PLAN TO COMPLETE REQUIRED IMMUNIZATIONS

Today's Date: _____

Name: Last: _____ First: _____ DOB: (mm/dd/yyyy) _____

School/Training Program: _____

Date of first day of school: _____

Instructions: Use this form if you lack any of the required items on the Immune Status Form.

Please print legibly when writing out your plan.

Keep the original of the immune status form to fill out as you continue to complete the required items.

Understand that these are required, are widely available services (private clinics or public health agencies) and you are responsible for the expense.

Circle any items that are still LACKING. Write down your plan, with dates of expected completion of each item. Keep a copy to use as your worksheet as you proceed, send the original to the Student Health Service, Baird Hall 18, L587, 3181 SW Sam Jackson Park Road, Portland, OR 97239-3098

1. Tetanus/diphtheria (need **both** of the following)
 - a. Primary series of 3 (if the 3rd shot is within the last 10 years, it serves as the booster.)
 - b. Booster within last 10 years
 - c. Tdap booster if it has been at least 2 years since your last boosterYOUR PLAN TO COMPLETE THIS CIRCLED ITEM:

2. Rubella (need **one** of the following)
 - a. Immune titer (blood test) – attach copy of report
 - b. Shot using live attenuated rubella virus vaccine
 - c. MMR after 1967 and after 1st birthdayYOUR PLAN TO COMPLETE THIS CIRCLED ITEM:

3. Measles (need **one** of the following)
 - a. Physician record of your having the disease **or** Birthday before 1957 and vaccine after 1989.
 - b. Immune titer (blood test) – attach copy of report
 - c. Two shots (either MMR or live attenuated virus vaccine) at least 30 days apart; both after first birthday; both after 1967.YOUR PLAN TO COMPLETE THIS CIRCLED ITEM:

4. Mumps (same as measles—see above.)

5. Hepatitis B
 - a. Need **one** of the following:
 - i. Primary series of 3 shots, at 0, 1, 6 mos.
 - ii. History of having Hepatitis B disease
 - b. And **also need**:
 - i. HbsAB immune titer (blood test for hepatitis B surface antibody) *If you get this blood test and the result shows no immunity, you will need to get additional tests **and send results to the Student Health Service: HepBsAG (hepatitis B surface antigen) and HepBcAB (Hepatitis B core antibody)***YOUR PLAN TO COMPLETE THIS CIRCLED ITEM:

6. TB testing
 - a. Two step TST (two TB skin tests) both negative, at least one week but not more than one year apart, second TST less than one year prior to matriculation.
 - b. **If** a TST ever positive, you may need to get a blood test, Quantiferon Gold. Make appointment in Student Health Service during first week of school. Bring any records you have of testing, INH, any X-rays, BCG as a child, etc.YOUR PLAN TO COMPLETE THIS CIRCLED ITEM:

7. Varicella (need **one** of the following) NOTE: On June 22, 2007, the ACIP published new requirements for health care workers. Prior to this date a history of having chickenpox was sufficient. No longer is that sufficient. This is now changed, as of June 25, 2007 to reflect this new requirement. Students entering OHSU after June 25, 2007 will be required to follow this new requirement.

Diagnosis or verification of a history of chickenpox disease (or diagnosis or verification of a history of herpes zoster) by a health care provider. Need to have copy of actual document to check this item.

- a. Two varicella vaccine shots
- b. Immune titer (blood test)

YOUR PLAN TO COMPLETE THIS CIRCLED ITEM:

8. Polio vaccine

- a. 3 vaccine series as an infant
- b. Booster vaccine at age 4-6 yrs

YOUR PLAN TO COMPLETE THIS CIRCLED ITEM: