OREGON HEALTH & SCIENCE UNIVERSITY

Oregon Health & Science University
Joseph B. Trainer Health & Wellness Center

IMMUNE STATUS FORM

Mail, Email or Fax to:
J BT Health & Wellness Center, L587
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
FAX: 503.494.2958
askjbthealth@ohsu.edu

*Name:_____

*U#_____

Gender M_____ F_____

*DOB & Place_____

Email address:_____

OHSU program:_____
(medical, dental ,nursing, pharmacy etc)

Today's date:_____

For JBT Use Only (Initial)

Received_____

ID Badge_____

Nuesoft_____

Student notified_____

REQUIRED IMMUNIZATIONS -Dates must include MM/DD/YYYY if available. Incomplete forms will incur a $95 fee.

1) **TETANUS/DIPHTHERIA** **Required: 1.** Primary series of 3. Date completed: _____
Required 2.: **TDAP** Booster within the last 10 years. Date: _____

2) **POLIO** **Required: Primary series of 4. Date of completion** _____
Date of adult booster (or #5) if received _____

3) **MEASLES** (Rubeola) **Required: One of the following**
1) Immunity confirmed by blood titer (Attach copy of lab report) Date of titer:_____
or 2) Two MMR vaccinations
#1_____
#2_____

4) **MUMPS** **Required: One of the following**
1) Immunity confirmed by titer (attach copy of lab report) _ Date of titer_____
or 2) Two MMR vaccinations . #1_____ #2_____

5) **RUBELLA** **Required: One of the following:**
1) Immunity confirmed by blood titer. (Attach copy of lab report) Date: _____
Or **2 Two MMR vaccinations** #1 _____ #2_____

6) **HEPATITIS B**
Required- 3 doses and positive titer (Titer required for all with blood or body fluid exposure. If no patient or animal exposure vaccine required but titer not needed)
Dose #1_____

Dose #2_____

Dose #3_____

HepB surface antibody titer to prove immunity (attach copy of lab report) Date_____
Additional vaccinations may be needed if titer is negative

7) **VARICELLA** **Required: One of the following:**

1) Documentation of two doses of varicella vaccine: Date #1: _____ Date #2 _____

Or 2) Laboratory evidence of immunity (varicella antibody titer)
Date_____ Result_____ Attach copy of lab report.

8) **TUBERCULIN STATUS**: **Note: You will also need annual TB test (TST) clearance while at OHSU.**
List dates for two-step TST, two tests, 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.
Required **1)** Skin Test #1: Date: _____ Result: Neg _____ Pos _____ mm if known _____

2) Skin Test #2: Date:_____ Result: Neg_____ Pos _____ mm if known _____

Or Quantiferon TB Gold blood test: Date_____
If you have a positive TST, submit a chest x-ray report within last year and INH history. If you had BCG, please obtain a Quantiferon TB Gold test and submit the result.