

Johns Hopkins University School of Medicine
Visiting Student Immunization Record
Office of the Registrar
733 N. Broadway, Edward D. Miller Research Building, Suite 147
Baltimore, Maryland 21205

Last Name, First Name, Middle Name:	Mother's Maiden Name:
E-mail:	Visiting Student Elective Start Date: (month/day/year)
Date of Birth: (month/day/year)	
City, State and Country of Permanent Residence:	City, State and Country of Current Medical School:

The following must be completed by a physician, nurse or the School Health Center Director and submitted with the visiting student application in a separate envelope marked with "confidential", University Health Services; include name on envelope. Visiting medical students are **required** to have all of the immunizations listed below before participating in the visiting student program.

TUBERCULOSIS SCREENING (PPD) , within 12 months <u>prior to start date of student experience</u> at the Johns Hopkins University School of Medicine.	PPD Date (month/day year) :	Result (circle one): Negative Positive*
Positive PPD (or history of BCG) <u>requires a symptom review</u> <u>AND</u>	Symptom Review (month/day/year):	Result (circle one): Negative Positive (Must include documentation)
A chest x-ray performed within 12 months <u>prior to start date of student experience</u> at the Johns Hopkins University School of Medicine <u>OR</u>	X-ray Date (month/day/year):	Result (circle one): Negative Positive* (Must include documentation)
QuantiFERON Gold performed within 12 months <u>prior to start date of student experience</u> at the Johns Hopkins University School of Medicine	Quant Gold Date (month/day/year)	Result: (Must include documentation)

TETANUS/DIPHTHERIA/PERTUSSIS - TDAP (within the last 10 years):	Date (month/day/year):
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HEPATITIS B (series of three doses):			Copy of lab reports <u>REQUIRED</u>
Date dose #1: (m/d/year)	Date dose #2: (m/d/year)	Date dose #3: (m/d/year)	Positive (m/d/year)
Student must have a positive titer for the Hepatitis B surface Antibody. Students without a positive antibody titer must be re-vaccinated			

MMR (Mumps, Rubeola, Rubella):				
	Vaccine #1	Vaccine #2	<u>OR</u>	
Mumps	Date : (m/d/yr)	Date : (m/d/yr)		Positive Serology (Copies of lab reports <u>REQUIRED</u>) Date :
Rubeola (Measles)	Date : (m/d/yr)	Date : (m/d/yr)		Date :
Rubella (German Measles)	Date : (m/d/yr)	Date : (m/d/yr)		Date :

Last Name, First Name, Middle Name:
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VARICELLA:			
Vaccine #1	Vaccine #2	OR	If you had Varicella, you must have a positive serology (Copies of lab reports REQUIRED)
Date : (m/d/yr)	Date : (m/d/yr)		Date of positive serology: (m/d/yr)
If student did not receive the vaccine or is shown to be non-immune, the student must receive two (2) vaccine injections - the first one prior to starting elective, and the second one 4 weeks later.			

INFLUENZA VACCINATION: September – April	Date:
Will you have traveled outside the United States within one month of your Visiting Student Elective Start Date?	Please Circle: YES or NO

Signature Required (physician, nurse, or school health center director):		Date:
Print Name:	E-mail:	
Title:		
Name of school:	Telephone:	
Address of school:		

Revised: 03/2015