

Student Health Requirements for EVMS

Name _____ M / F (circle one)

Date of Birth _____ Social Security Number _____

**Program: (circle one) Medical Student/Clinical Psychology/Biomedical Sciences/
Art Therapy/Physician Assistant/Masters in Public Health/Surgical Assistant/Visiting Student**
Home phone, cell phone, and e-mail address _____

Copies of immunization records, laboratory reports, and radiology reports must be included with this form. If you do not have immunization records, you must have antibody titers drawn to prove immunity to measles, mumps, rubella, and varicella and provide EVMS with copies of the lab reports.

____ 1. Tuberculin Skin Testing:

TST #1 Date placed _____ Date read _____ Result in mm _____ Signature _____

TST #2 Date placed _____ Date read _____ Result in mm _____ Signature _____

****skin tests are to be placed 1-3 weeks apart; if you have had a PPD within the past 12 months that may be used as TST #1*

OR

____ 2. If you have had a previous positive PPD, attach a copy of a chest x-ray report done in the past year and physician documentation regarding treatment dates with antibiotic therapy or why it was contraindicated. Please contact the Occupational Health office for a TB Symptom Surveillance form which must be completed annually (leelw@evms.edu).

____ 3. Measles, Mumps, Rubella (MMR): Two doses of live vaccine required

MMR#1 Date _____ MMR#2 Date _____ or

Measles, Mumps, Rubella IgG antibody titer results indicating immunity (attach lab results)

____ 4. Varicella (Chicken Pox): Two doses of vaccine required

Varivax#1 Date _____ Varivax #2 Date _____ or

Varicella IgG antibody titer results indicating immunity (attach lab results)

____ 5. Diphtheria/Pertussis/Tetanus (DPT): Five doses of DPT as child (attach shot record)

____ 6. Tetanus/Diphtheria/Pertussis (Tdap): One dose as adult (unless Td booster given in the past 24 months)

Tdap #1 Date _____

____ 7. Polio: Four doses of OPV/IPV as child (attach shot record)

____ 8. Hepatitis B: Three doses of vaccine and Hepatitis B Surface antibody titer indicating immunity (attach shot record and attach lab results). Hepatitis B vaccine will be offered to students not previously immunized.

Hep B #1 _____ Hep B #2 _____ Hep B #3 _____ Hep B Surface Antibody _____

**Eastern Virginia Medical School, Occupational Health Department
721 Fairfax Avenue, Suite 506, Norfolk, VA 23507
Phone: 757-446-5870; Fax: 757-446-7188; E-mail: Leelw@evms.edu**