



Mandatory Health Immunizations

Please read this in its entirety

The UC Davis School of Medicine and the Permanente Medical Group requires that all active students remain current with the School's required health immunizations for personal protection and community health reasons. And, per UCDH Hospital Policy, all students must meet current UCDH standards for healthcare professionals.

Applicants must submit this form by March 1st as proof of required testing and immunizations, excluding the Tuberculosis screening and Hepatitis C test, as part of the online application. Accepted students must have ALL required immunizations prior to the start of the program (Accepted students will have until **April 21, 2023** to submit all immunizations via email, and failure to do so will result in loss of seat).

**Costs associated with required testing and immunizations are the responsibility of the student.*

1. **Seasonal Flu Vaccine:** Students must obtain their seasonal flu vaccination and **provide documentation** confirming that they have been vaccinated. You must upload this documentation along with this form on the online application.
2. **MMR (Measles, Mumps, Rubella):** 2 doses of MMR vaccine **or** serologic proof of immunity for Measles, Mumps, and/or Rubella.
3. **Varicella (Chicken Pox):** 2 doses of vaccine **or** positive serology. History of illness as proof of immunity is **not acceptable**.
4. **Hepatitis B:** 3 doses of vaccine **and** a **QUANTITATIVE** Hepatitis B Surface Antibody (titer -numerical value). A numerical titer value greater than or equal to 12 IU/ml is considered immune. (The vaccination series alone is not enough, **titer is needed**)
 - a. If you had 3 doses of the Hepatitis B vaccine as a child and the quantitative surface antibody titer comes back lower than 12 (11.9 IU/ml), ask your health provider for a booster shot followed by a repeat quantitative titer.
 - b. If the titer result is negative after the booster shot, please complete a second Hepatitis B vaccine series followed by a repeat quantitative titer (this is typically the case when someone has never had a Hep B vaccine series).
 - c. If Hepatitis B Antibody titer is negative after secondary series or after booster, additional testing should be performed.

Please note:

1. A Quantitative Hepatitis B Surface Antibody (titer - numerical value) **must be completed**; different testing (ie. immune/not immune) **will not be accepted unless your provider is Kaiser**.
2. The Hepatitis B quantitative titer results can take a few weeks to process and there are delays associated with the time between receiving a booster shot and getting a repeat quantitative titer. Please get these tests done **ASAP**, as this can delay your application from being processed.



5. **Hepatitis C:** Negative antibody Hepatitis C titer (anti-HCV). Titer result must be **within 90 days** of your start date (Testing can start March 22, 2023). If positive, please complete a viral load to ascertain disease & complete counseling on reverse transmission. Refer to your primary care provider for any potential follow ups.
6. **T-dap:** Must be within 10 years, if not within 10 years, an updated vaccination is **required**.
7. **Tuberculosis Screening:**

Preferred: Quantiferon - Negative Quantiferon lab test **within 90 days** of the start date (June 20, 2023). If positive, complete Alternative Option 2 (below). This test would replace a 2- step PPD Skin Test.

Alternative Option 1: PPD Skin Test - Evidence of PPD skin test results within the last 365 days of your start date (June 20, 2023) **AND** evidence of an additional PPD skin test results within the last **90 days** of the start of the program. **Otherwise** a 2-step PPD is required. 2nd test placement must be a minimum of 7 days after the read of the first test. *(Example: If 1st test was read on Wednesday then the 2nd test can be placed next Wednesday the earliest, with the Friday read date.)* The 2nd step should be **within 90 days** of the start of the program.

Alternative Option 2: Chest X-Ray - If PPD or Quantiferon result is positive, evidence of a "clear" or normal chest x-ray **within 90 days** of the start of the program (June 20, 2023) is required.
8. **COVID-19 Immunization:** The University of California COVID-19 Vaccine Policy requires all students to be fully vaccinated in order to participate in clinical activities. Fully vaccinated is defined as completing a COVID-19 vaccination series two weeks prior.

PLEASE NOTE: The UC Davis School of Medicine Health Immunization Policy will be updated periodically to comply with national (CDC) and UCDH standards. Students will be notified of changes in the School's immunization policy and will be held responsible for complying with the most current requirements of the School. **YOU WILL NOT BE ALLOWED IN ANY CLINICAL SETTING IF YOU ARE NOT COMPLIANT WITH THE CRITERIA ABOVE. IMMUNIZATION REQUIREMENTS CAN CHANGE AT ANY TIME AND STUDENTS ARE EXPECTED TO ADHERE TO CURRENT REQUIREMENTS.**



UC Davis School of Medicine Health Requirements

All students must have the following immunizations and infectious disease/immunity screening performed before participating in the UC Davis Health Prep Médico Program. This form **must be completed by your health care provider.**

Please note: the results for Hepatitis C and Tuberculosis Screening must be within 90 days (Starting March 21 2023) of the program start date. This form must be submitted along with your application by March 1, 2023. Accepted scholars will have until April 21, 2023 to submit Hep C and TB screening results.

Student Name: _____

- 1) **Seasonal Flu Vaccine:** Students must obtain their seasonal flu vaccination and provide documentation confirming that they have been vaccinated. Documentation must include vaccine name, date, and facility name. **UC Davis does not provide the flu vaccine to Prep Médico students.**
- 2) **MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine *or* serologic proof of immunity for Measles, Mumps, and/or Rubella.**

MMR vaccine 1 Date: ____/____/____ MMR vaccine 2 Date: ____/____/____

OR

Measles Titer Date: ____/____/____ Result: _____

Mumps Titer Date: ____/____/____ Result: _____

Rubella Titer Date: ____/____/____ Result: _____

- 3) **Varicella – 2 doses of vaccine *or* positive serology. History of illness as proof of immunity is not acceptable.**

Varicella vaccine 1 Date: ____/____/____ Varicella vaccine 2 Date: ____/____/____

OR

Varicella Titer Date: ____/____/____ Result: _____

- 4) **Hepatitis B Vaccination – 3 doses of vaccine *and* a **QUANTITATIVE** Hepatitis B Surface Antibody (titer – numerical value).**

A numerical titer value ≥ 12 IU/ml is considered immune. The vaccination series alone is **not sufficient**. If you had a HEP B vaccine series as a child and the quantitative surface antibody titer comes back lower than 12 (11.9 IU/ml), ask your health provider for a booster shot followed by a quantitative titer. If negative, please complete a second Hepatitis B vaccine series followed by a repeat quantitative titer. If Hepatitis B Antibody titer is negative after secondary series or booster, additional testing should be performed. **Please note: a Quantitative Hepatitis B Surface Antibody (titer – numerical value) must be completed; different testing (ex. immune/not immune) will not be accepted.**

Primary Hepatitis B Vaccine Series:

Dose 1 Date: ____/____/____ Dose 2 Date: ____/____/____ Dose 3 Date: ____/____/____

Quantitative Hepatitis B Surface Antibody (HBsAB) – Required

Date: ____/____/____ Result: _____ Value: _____ **(must include value)**

Secondary Hepatitis B Vaccine Series: (being if titer is <12 IU/ml)

Dose 4 Date: ____/____/____ Dose 5 Date: ____/____/____ Dose 6 Date: ____/____/____

Quantitative Hepatitis B Surface Antibody (HBsAB)

Date: ____/____/____ Result: _____ Value: _____ **(must include value)**

5) Hepatitis C – Negative antibody Hepatitis C titer (anti-HCV). Titer result must be **within 90 days** (Starting March 21, 2023) of the program start date. If positive, please complete a viral load to ascertain disease & complete counseling on reverse transmission. Refer to PCP for any potential follow ups.

Hepatitis C Titer Date: ____/____/____ Result: _____

6) T-dap – If not within 10 years, an updated Tetanus vaccine is **required**.

Vaccination Date: ____/____/____

7) Tuberculosis Screening (please complete one option)

Preferred: Quantiferon – Negative Quantiferon lab test **within 90 days** of your start date (Starting March 21, 2023). If positive, complete Alternative Option 2 (below). This would replace a 2-step PPD skin test.

Quantiferon Date: ____/____/____ Result: _____

Alternative Option 1: PPD Skin Test – Evidence of PPD skin test results within the last 365 days of your start date (June 20, 2023) **AND** evidence of PPD skin test results **within the last 90 days** of your start date. **Otherwise** a 2-step PPD is required. 2nd test placement must be a minimum 7 days after the read of the first test. Example: If 1st test was read on Wednesday then 2nd test can be placed next Wednesday the earliest, with the Friday read date.) The second step should be **within 90 days** of the start date.

1st PPD Date Placed: ____/____/____ Date Read: ____/____/____ Result: _____mm Negative Positive

2nd PPD Date Placed: ____/____/____ Date Read: ____/____/____ Result: _____mm Negative Positive

Alternative Option 2: Chest X-Ray – If PPD skin test or Quantiferon result is positive, evidence of a “clear” or normal chest x-ray **within 90 days** of the start of the program (March 21, 2023) is required.

Chest X-Ray Date: ____/____/____ Result: _____ Completed at: _____

History of Treatment: Yes No If Yes, Date: ____/____/____ Completed at: _____

8) COVID-19 Immunization

Date 1: ____/____/____ Vaccine 1: _____

Date 2: ____/____/____ Vaccine 2: _____

I verify that the Health Requirement information provided is accurate and true.

Name/Title: _____

Signature: _____

License #: _____

State: _____

Phone #: _____

Email: _____

Date: _____

Place Facility Stamp Here

Please submit this form along with the seasonal flu documentation by **March 1, 2023 on the online application**. **If accepted into the program you will be required to turn in Hep C and TB verification by April 21, 2023.**

You will not be allowed in any clinical setting if you are not compliant with the criteria above. Immunization requirements can change at any time and students are expected to adhere to current requirements.