

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Student Immunization/TB Requirements

Student and Employee Health Services (SEHS)
521 Jack Stephens Drive, Mail Slot 530-7
Little Rock, AR 72205
501-686-6565 (office) StudentandEmployeeHealth@uams.edu

PERSONAL INFORMATION:

Name: _____
Last First Middle

DOB _____ SAP # _____

Home/Cell Phone: _____ Work Phone: _____

Department: _____

IMMUNIZATION HISTORY CHECKLIST: (Immunization dates must include the month, day, and the year. Documentation must be provided.)

_____ **Tetanus (Td)/Tetanus-pertussis (Tdap):** Documentation of booster within the past 10 years

_____ **Measles:** Rubeola (measles,) must show one of the following as proof of immunity; 1) Documentation of 2 doses of measles vaccine or 2 MMR vaccine after the first birthday (no less than 1 month apart) Or 2) a rubeola titer demonstrating immunity. Reactive titer for each disease will also be accepted.

_____ **Mumps:** Documentation of 1) 2 doses of mumps or MMR vaccine, or 2) a mumps titer demonstrating immunity.

_____ **Rubella:** Documentation of a single dose of MMR vaccine after their first birthday or 2) a rubella titer demonstrating immunity.

_____ **Hepatitis B 3-shot series:** (or positive titer for Hepatitis B antibodies) – Required for the following colleges:
College of Public Health Graduate School
College of Health Professions – the following programs only:

_____ **Hepatitis B – Positive Titer** – Required for those with exposure to blood and body fluids – Required for the following colleges:
College of Medicine College of Pharmacy College of Nursing
College of Health Professions – the following programs only:

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| Audiology & Speech Pathology | Cytotechnology |
| Dental Hygiene | Dietetic Internship |
| Diagnostic Medical Sonography | Genetic Counseling |
| Nuclear Medicine Imaging Sciences | Ophthalmic Medical Technology |
| Physician Assistant | Physical Therapy |
| Radiologic Imaging Sciences | Speech-Language Pathology |
| Medical Laboratory Sciences – on campus program only | |
| Respiratory Care – on campus program only | |

_____ **Varicella:** Documentation of 2 doses of varicella vaccine or a varicella titer showing immunity

_____ **Influenza:** Seasonal influenza vaccine (or novel influenza vaccine if so recommended by the Center for Disease control) (INACTIVATED) during flu season. **Will be required and provided by UAMS annually for all students.**

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TB Testing: Have you ever had a positive tuberculosis skin test? No _____ Yes _____
If yes, attach documentation of **date placed, date read and reaction in millimeters**, copy of chest x-ray within three months of the start of classes (cd or film), and course of treatment.

_____ **TB Skin test or Positive IGRA/T-spot. Either must be within three months of start date.**

I certify that all information contained or attached to this form is correct.

Student Signature

Date