

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
Visiting Student/Resident 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](mailto: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)

\_\_\_\_\_ **Varicella:** Documentation of 2 doses of varicella vaccinations 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.**

\_\_\_\_\_ **Covid 19:** Documentation of 3 doses of Pfizer/Moderna or 2 doses of Johnson & Johnson vaccinations

**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 on CD within three months of the start of classes, and course of treatment.**

\_\_\_\_\_ **Negative 2-step TB Skin test or negative IGRA/T-spot. Either must be within twelve months of start date.**

\_\_\_\_\_ **Color Vision Test pass/fail results attached.** May receive at the UAMS Student and Employee Health Clinic. FOR PHYSICIAN, NURSE and LAB ONLY.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date