

Mercer University School of Medicine: Record of REQUIRED TB Testing and Immunizations

Based on the AAMC Standardized Immunization Form

GRITs Record or official immunization record MUST be attached

Name _____ DOB _____

1. TB Testing: A current Tuberculosis test (PPD (Mantoux) or QuantiFERON-TB Gold/T Spot test, done **within 12 months** before the first day of class and **report attached**.

PPD Reading _____ mm Date _____ **or** QuantiFERON-TB Gold/T Spot Results _____ Date _____
Positive (greater than 5 mm)

If **current TB test is positive**, or if student has a history of a positive TB test (either PPD/Quantiferon/Tspot), or a history of BCG, then a copy of a chest X-ray report within the last year or a current negative QuantiFERON Gold/T Spot **must be attached**.

2. Tetanus/Diphtheria/Pertussis: last dose must be **within 10 years** of the start of school.

Date of last Td _____ **or** Tdap (preferred) _____

3. Hepatitis B: Full series of immunizations and a positive titer is required PRIOR to beginning medical school.

Dates received: #1 _____ #2 _____ #3 _____

Titer: Copy of lab **must be attached**. Date _____ Results (>9.9 positive) _____

A post-vaccine **quantitative** surface antibody titer is required to be done 4-8 weeks after the third dose to demonstrate immunity. **If the titer is negative, a 4th dose should be given and a titer drawn in 4-8 weeks.**

4. Measles/Mumps/Rubella: two doses or a positive titer are required for all students born after 1956.

MMR Dose #1 MM/DD/YYYY _____ Dose #2 MM/DD/YYYY _____

Or If immunizations were given separately, you must have dates for two measles, two mumps, and one rubella:

Measles #1 _____ Measles #2 _____
Mumps #1 _____ Mumps #2 _____
Rubella _____

Or Positive antibody titers (IgG); copy of lab report must be attached. **NOT needed if immunizations completed.**

Measles (Rubeola) titer: Date _____

Mumps titer: Date _____

Rubella titer: Date _____

5. Chickenpox (Varicella): History of disease is **NOT** sufficient verification.

Varicella vaccine: Date of #1 _____ Date of #2 _____

Or Positive Varicella titer(IgG). Copy of lab report **must be attached**.

6. Influenza Vaccine: At the time of admission and after matriculation an **annual** immunization required.

Date of last vaccine _____

7. COVID Vaccine: Full series required.

Dates received: #1 _____ #2 _____ Manufacturer _____

Information Certified by: _____

(Printed Name/Signature of Health Care Official)

Students cannot register without documentation of all immunizations.

Revised June, 2022 AAH