Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

University Health Services
833 Chestnut Street, Suite 205
Philadelphia, PA 19107
T: 215-955-6835 F: 215-923-5778

VOLUNTEER/OBSERVER IMMUNIZATION DOCUMENTATION

NAME:_____ _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____/_____/_____ TIME PERIOD OF YOUR VISIT: _____

ADDRESS: _____CELL PHONE: _____

_____EMAIL:_____

THE FOLLOWING INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL DELAY YOUR START DATE.

PHYSICIAN/CRNP/EMPLOYEE HEALTH RN MUST COMPLETE AND SIGN BELOW.

A. **Chicken Pox/Varicella**: Proof of immunity will mean two doses of varicella or serologic evidence of immunity.

Immunization dates: #1 _____ # 2 _____

Titer date: _____ Result (copy must be attached): ☐ Immune ☐ Not Immune

B. **Rubella**: Proof of immunity to German Measles will mean one dose of the rubella vaccine or serologic evidence of the disease.

Immunization date: _____
Titer date: _____ Result (copy must be attached): ☐ Immune ☐ Not Immune

C. **Rubeola**: Proof of immunity to measles means two doses of live vaccine (after 1968) administered on or after the first birthday, separated by at least one month, or serologic evidence of immunity.

Immunization dates: #1 _____ # 2 _____
Titer date: _____ Result (copy must be attached): ☐ Immune ☐ Not Immune

D. **Mumps**: Proof of mumps immunity means two doses of mumps vaccine administered on or after the 1st birthday or serologic evidence of immunity.

Immunization dates: #1 _____ #2 _____
Titer date: _____ Result (copy must be attached): ☐ Immune ☐ Not Immune

E. **Tuberculosis Screen: IGRA (Interferon-Gamma Release Assays) blood test is required.**

Date:____/____/____(must be within 3 months) **Result (copy must be attached):** ☐ Positive ☐ Negative ☐ Indeterminate

If IGRA is positive, a chest x-ray is required. Date:____/____/____(must be within 6 months; **attach a copy of the report)**

F. **Influenza Vaccination from current or most recent season (PRIOR TO ARRIVAL):**
Date of administration: _____ Lot #_____ Manufacturer: _____ Exp _____

G. **Pertussis:** Proof of immunity will mean documentation of the Tdap vaccine (tetanus, diphtheria, pertussis or ADACEL).
Immunization date: _____ (must be within the past 10 years)

H. **Hepatitis B:** Immunization dates: #1____/____/____ #2____/____/____ #3____/____/____ **AND** HBsAb titer date:____/____/____

☐ Immune ☐ Not Immune **(must attach titer results)**

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MD/CRNP: _____(Print) Signature: _____ Date: _____

Address: _____ Phone:_____

Revised 6/22/15
Reviewed 3/26/18

Frequently Asked Questions

Regarding the Immunization Requirements

1. **Can I document a history of disease for varicella?**
   No. History of disease is not accepted. The requirement is EITHER a reactive titer OR documentation of two doses of Varivax. No exceptions.
2. **Can I use estimated dates of vaccinations?**
   Approximate dates are not acceptable. If a physician has no reliable vaccine documentation for measles, mumps, or rubella, reactive antibody must be submitted to document immunity.
3. **Can I document a TB skin test for my TB screen?**
   The requirement is an interferon gamma release assay (IGRA) and a copy of the lab result must be submitted. Those who have a history of latent tuberculosis with treatment must submit a copy of a chest x-ray done within 6 months of start.
4. **If I had BCG, what TB screen should I submit?**
   The interferon gamma release assay is the appropriate test to submit.
5. **I have had Td vaccine. Is that adequate?**
   The required vaccine is Tdap (tetanus, diphtheria, pertussis).
6. **What should I do if I have not had the Tdap vaccine?**
   Tdap vaccination within the past 10 years is required and must be documented to complete the requirements.
7. **I have no dates of vaccinations for my hepatitis B vaccine and would like to know what to do?**
   The hepatitis B surface antibody must be documented as proof of immunity. Past reactive antibodies may be submitted, regardless of date.
8. **What if my hepatitis B surface antibody is non-reactive?**
   Additional vaccinations must be received. Contact UHS for more information.