

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

**DOCUMENTATION MUST BE UPLOADED TO YOUR GUS ACCOUNT
NO LATER THAN 30 DAYS PRIOR TO YOUR FIRST DAY OF CLASS.**

PERSONAL INFORMATION:

Name: _____
Last First Middle

DOB _____ SID # _____

Home/Cell Phone: _____ Work Phone: _____

College/Program: _____

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

- _____ **Tetanus and Diphtheria (Td)/Tetanus-Diphtheria-Pertussis (Tdap):** Documentation of booster within the past 10 years
- _____ **Measles (Rubeola):** Documentation of 1) 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.
- _____ **Mumps:** Documentation of 1) 2 doses of mumps or MMR vaccine, or 2) a mumps titer demonstrating immunity.
- _____ **Rubella:** Documentation of 1) a single dose of MMR vaccine after the first birthday, or 2) a rubella titer demonstrating immunity.
- _____ **Hepatitis B:** Documentation of **1) 3** doses of hepatitis B vaccine or 2 doses of Heplisav-B vaccine, or 2) positive titer for Hepatitis B antibodies) – Required for all students.
- _____ **Hepatitis B – Positive Titer – A positive titer is not required, but evaluation of immunity is strongly recommended for those with exposure to blood and body fluids.** Knowledge of immunity or non-responder (inability to achieve immunity) status is important for managing needlestick injuries and other blood/body fluid exposures. If non-reactive titer, additional vaccine doses and re-titer are recommended. SEHS is available to assist with information for recommended dosing and monitoring for evaluation of immunity.

Recommended for the following colleges:

College of Medicine	College of Pharmacy	College of Nursing
College of Health Professions – the following programs only:		
Audiology		Communication Sciences Disorders
Cytotechnology		Dental Hygiene
Diagnostic Medical Sonography		Dietetics
Genetic Counseling		Nuclear Medicine Imaging Sciences
Occupational Therapy		Physical Therapy
Physician Assistant		Radiologic Imaging Sciences
Medical Laboratory Sciences – on campus program only		
Respiratory Care – on campus program only		

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_____ **Varicella:** Documentation of 1) 2 doses of varicella vaccine at least one month apart, or 2) a varicella titer demonstrating 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: Vaccination is not required but is strongly recommended.** Documentation of 1 dose of bivalent COVID vaccine is up to date for vaccine recommendations. UAMS is required to report percentage of health care personnel, including students, who are vaccinated, so submission of documentation is required. Either 1) upload documentation of COVID vaccinations you have received (any and all vaccine formulations), or 2) upload a note stating that you have not been vaccinated.

_____ **TB Screening:**

TB Test History: Have you ever had a positive tuberculosis skin test? No _____ Yes _____

- **If NO**, submit documentation of:

- 1) Negative 2- Step TB Skin test (2 placements and 2 readings), **OR**
- 2) an IGRA/T-spot blood test. Either must be within 12 months of first day of classes.

Note: Students joining UAMS from a United States medical, academic, state, or federal organization may provide written documentation from that organization (must be on formal letterhead and include the name and address of the organization, contact information, dates and results of testing, and annual screening) of:

- a. a two-step TB testing (TST) or IGRA (preferred); and
- b. ongoing annual TB medical screening for the immediate period before enrollment at UAMS.

- **If YES**, submit documentation of:

- 1) current health card from Arkansas Department of Health (dated within 12 months of first day of class), **OR**
- 2) if you do not yet have an ADH health card, submit:
 - a) the positive result from either the blood test or skin test (must include millimeters of reading),
 - b) treatment letter from the provider or health unit where treatment was offered, **AND**
 - c) chest X-ray within the last 3 months as a digital copy on CD or flash drive.

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

Student Signature

Date