



BROWN

Visiting Medical Student Required Immunizations, Titers and Tuberculosis Screening

Brown University requires all visiting medical students to provide written documentation of the following on the Visiting Medical Student Immunization, Titers & Tuberculosis Screening Record:

- Hepatitis B
A record of Hepatitis B vaccine, three doses. If series complete, a quantitative Hepatitis B Surface Antibody titer must be done with a copy of the lab report attached.
- Influenza
A record of Influenza vaccine, received after July 1, 2019.
- Measles, Mumps and Rubella
A record of two MMR vaccines **and** positive serological tests for immunity to Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab reports must be attached.
- Meningococcal
A record of Meningococcal vaccine if under 22 years old. If first dose was given before the age of 16 years, a booster dose must be recorded.
- Tetanus/Diphtheria/Pertussis
One dose of adult Tdap (Tetanus/Diphtheria/Pertussis). If last Tdap dose is more than 10 years old, then a Tetanus Diphtheria booster is also required.
- Varicella
Positive serological test for immunity to Varicella (chickenpox) only if a history of chickenpox disease. History of disease alone is not acceptable. A copy of the lab report must be attached **OR** a record of Varicella vaccine, two doses, at least one month apart.
- Tuberculosis Screening
A record of TWO tuberculosis skin tests (PPD), 1-3 weeks apart **OR** one Quantiferon/TB Spot blood test, done **within 6 months** of arrival at Brown. If there is a positive result to either test, documentation of a negative chest x-ray **and** prophylaxis therapy must be attached.

PLEASE NOTE: ANY DEVIATION FROM FULFILLING ALL OF THE ABOVE HEALTH REQUIREMENTS WILL CAUSE YOUR APPLICATION PACKAGE TO BE RETURNED TO YOU AND DELAY PROCESSING



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Visiting Medical Student Immunization, Titers & Tuberculosis Screening Record

Name Last First Middle Date of Birth mm / dd / yy

Address Street City State Zip Code Country

Table with columns for REQUIRED IMMUNIZATIONS and REQUIRED TITERS. Rows include Hepatitis B, Influenza, MMR (Measles, Mumps, Rubella), Measles (Rubeola), Mumps, Rubella (German Measles), Meningococcal Vaccine, Tdap (Tetanus-Diphtheria-Pertussis), and Varicella (Chicken Pox).

Table with columns for REQUIRED TUBERCULOSIS SCREENING. Rows include PPD (Two skin tests), IGRA (Quantiferon Gold or TB Spot), Chest X-ray, and Positive Tuberculosis Test Treatment.

Signature of Physician/Medical Provider: _____ Date: _____

Physician/Medical Provider Name: (Please Print) /Clinic Stamp _____

Address _____

Phone number: _____ Fax Number: _____