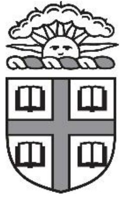

BROWN

Health Services
450 Brook St.
Providence, RI 02912
401-863-3953

To return form, student must log in at https://patientportal.brown.edu and upload

Medical Student Required Immunizations, Titers & Tuberculosis Screening

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

Medical Student Immunization, Titers & Tuberculosis Screening Record

- ❑ COVID-19
  A record of a one or two dose COVID-19 vaccine series and a booster dose at least 5 months after series completion.

- ❑ Hepatitis B
  A record of a Hepatitis B vaccine series. After series completion, a **quantitative** Hepatitis B Surface Antibody titer must be completed, a copy of the lab report must be submitted.

- ❑ Measles, Mumps and Rubella (MMR)
  A record of two (2) MMR vaccines **OR** two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; **OR** serologic proof of immunity for Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab reports must be submitted.

- ❑ Meningococcal A, C, Y, W-135
  If you are under 22 years old, at least one dose is required between the ages of 16 and 22 years.

- ❑ Tetanus/Diphtheria/Pertussis (Tdap)
  One dose of adult Tdap. If the last Tdap dose is more than 10 years old, then a Tetanus Diphtheria (Td) or Tdap booster is required.

- ❑ Varicella
  A record of two Varicella vaccines **OR** if a history of chickenpox disease, serologic proof of immunity for Varicella (chickenpox) is required. History of disease alone is not acceptable. A copy of the lab report must be submitted.

- ❑ Tuberculosis Screening
  A record of **two** tuberculosis skin tests (TST) – spaced 1-3 weeks apart **OR** one IGRA blood test (QuantiFERON Gold/T-SPOT), completed **within 6 months** prior to arrival at Brown. If there is a positive result to either test, documentation of a negative chest x-ray **and** history of latent TB treatment must be submitted.

- ❑ Influenza
  The Influenza vaccine will be required during the fall of 2022. Flu vaccine clinics will be held at the medical school in the fall.

- ❑ Recommended, Not Required Vaccines
  Document any additional immunizations on page 2 of the immunization record form

BROWN

Health Services
450 Brook St
Providence, RI 02906
401-863-3953
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https://patientportal.brown.edu and upload

Medical Student Immunizations, Titers & Tuberculosis Screening Record

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

REQUIRED IMMUNIZATIONS

COVID-19 A record of a one or two dose COVID-19 vaccine series AND a booster dose if >5 months after initial series completion			
COVID-19	Date of Dose #1: ❒ Janssen (J & J) ❒ Moderna ❒ Pfizer ❒ Other (specify brand)	Date of Dose #2 (if applicable): ❒ Janssen (J & J) ❒ Moderna ❒ Pfizer ❒ Other (specify brand)	Date of Booster dose: if >5 months after series completion: ❒ Janssen (J & J) ❒ Moderna ❒ Pfizer ❒ Other (specify brand)
Hepatitis B 3 doses of Engerix-B, Recombivax or Twinrix, OR 2 doses of Heplisav-B, followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) drawn 4-8 weeks after the last dose. If negative titer complete a second Hepatitis B series followed by a repeat titer.			
Hepatitis B 3-dose vaccines (Engerix-B, Recombivax, Twinrix)	Date of Dose #1:	Date of Dose # 2:	Date of Dose #3:
Or Hepatitis B 2-dose vaccine (Heplisav-B)	Date of Dose #1:	Date of Dose # 2:	
And **Quantitative Hepatitis B Titer**	❒ positive ❒ negative	Date:	Copy of lab result required
Secondary Hepatitis B Series Only if negative titer after primary series	Date of Dose #1: Specify Brand:	Date of Dose # 2: Specify Brand:	Date of Dose #3 (if applicable): Specify Brand:
Measles, Mumps, Rubella (MMR) 2 doses of MMR vaccine **OR** 2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella; **OR** serologic proof of immunity for Measles, Mumps and Rubella. Choose only one option.			
Option 1: 2 doses of MMR vaccine			
MMR 2 doses of MMR vaccine	Date of MMR Dose #1: Must be at 12 months after birth or later	Date of MMR Dose #2: Must be at least 1 month after first dose	
Option 2: 2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella; **OR** serologic proof of immunity for Measles, Mumps and Rubella			
Measles (Rubeola) 2 doses of measles vaccine OR positive titer	Date of Dose #1: Must be at 12 months after birth or later	Date of Dose #2: Must be at least 1 month after the first dose	Or Measles Titer ❒ positive ❒ negative Date: Copy of lab result required
Mumps 2 doses of mumps vaccine OR positive titer	Date of Dose #1: Must be at 12 months after birth or later	Date of Dose #2: Must be at least 1 month after the first dose	Or Mumps Titer ❒ positive ❒ negative Date: Copy of lab result required
Rubella (German Measles) 1 dose of Rubella vaccine OR positive titer	Date of Dose #1: Must be at 12 months after birth or later	Or Rubella Titer ❒ positive ❒ negative Date: Copy of lab result required	

Name ____ Date of Birth___/___/___
Last First Middle mm dd yy

REQUIRED IMMUNIZATIONS

Meningococcal Required only if under 22 years old, booster dose required only if dose was given prior to 16th birthday			
Meningococcal Vaccine ▪ Menactra ▪ Menomune ▪ Menveo ▪ Other:	Date of Dose #1:	Date of Booster Dose: (if applicable)	
Tdap (Tetanus-Diphtheria-Pertussis) 1 dose of adult Tdap; if last Tdap is more than 10 years old, provide date of last Td or Tdap booster			
Tdap	Date of Dose:	Date of Booster Dose (if applicable):	
Varicella (Chicken Pox) 2 doses of varicella vaccine or serologic proof of immunity for varicella			
Varicella (Chicken Pox) 2 doses required or positive titer	Date of Dose # 1: Must be given 12 months after birth or later	Date of Dose # 2: Must be at least 1 month after the first dose	Or Varicella Titer ❒ positive ❒ negative Date: Copy of lab result required

Tuberculosis Screening Two skin tests spaced 1-3 weeks apart **OR** one IGRA test (QuantiFERON Gold /T-SPOT) within 6 months of arrival to Brown. History of LTBI, Positive TB Skin Test, or Positive TB IGRA Blood Test: documentation of a negative chest x-ray and history of latent TB treatment must be submitted			
Tuberculosis Skin Test (PPD) 2 skin tests 1-3 weeks apart within 6 months prior to arrival at Brown.	Date of Test #1:	Date of Read #1:	Result in mm #1:
	Date of Test #2:	Date of Read #2:	Result in mm #2:
Or **IGRA Testing** QuantiFERON Gold or T-SPOT	Date of Test:	Results: ❒ Positive ❒ Negative ❒ Indeterminate	Copy of lab result required
Chest X-ray Required only if PPD or IGRA test is positive. Must be within 6 months of arrival at Brown	Date of chest x-ray:	Results: ❒ Normal ❒ Abnormal	Copy of chest x-ray result must be submitted
Latent TB Treatment Required only after a positive TB test/negative chest x-ray	Type of Treatment:	Date Treatment Started:	Date Treatment Completed:

Additional Immunizations (Not Required)

Hepatitis A	Date of Dose #1:	Date of Dose #2:	Date of Dose #3 (if applicable):
HPV	Date of Dose #1:	Date of Dose #2:	Date of Dose #3 (if applicable):
Meningococcal B	Date of Dose #1: ❒ Trumenba ❒ Bexsero	Date of Dose #2: ❒ Trumenba ❒ Bexsero	Date of Dose #3 (if applicable): ❒ Trumenba

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

Additional Immunizations (Not Required)

Polio	Date of most recent dose:					
Rabies	Date of Dose #1:	Date of Dose #2:	Date of Dose #3:	**Rabies Titer** ❒ positive ❒ negative Date: Copy of lab result required		
Typhoid	Date of most recent dose: ❒ Oral ❒ Injectable					
Other: (ex: Pneumovax, Yellow Fever, Japanese Encephalitis, BCG)	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:

Signature of Healthcare Provider: ________________________________ Date: ____________________

Healthcare Provider Name: (Please Print) /Clinic Stamp________________________________

Address____

Phone number: ____________________________Fax Number: ____________________________