

Medical & Gateway Student Required Immunizations, Titers & Tuberculosis Screening

To return form, student must login to <http://studenthealthportal.brown.edu/> and upload.

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**
Documentation of your original COVID vaccine series and/or your most recent COVID-19 vaccine dose. Please note that some clinical sites may require an up-to-date COVID-19 vaccination status, including the latest available booster dose.
- Hepatitis B**
Hepatitis B Documentation 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)**
Documentation of two (2) MMR vaccines OR two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; OR laboratory evidence of immunity for Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab reports must be submitted.
- Meningococcal ACWY**
Required for students under 22 years of age: booster dose required if last dose was given before age 16.
- Tetanus, Diphtheria, Pertussis (T-dap)**
One dose of adult T-dap. If the last T-dap dose is more than 10 years old, then a Tetanus Diphtheria (Td) or T-dap booster is required.
- Varicella**
Documentation of two Varicella vaccines OR if a history of chickenpox disease, laboratory evidence 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**
Documentation 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 the TB Skin test or the IGRA Blood test, documentation of a negative chest x-ray and history of latent TB treatment must be submitted.
- Influenza**
The Influenza vaccine will be required this upcoming fall. Flu vaccine clinics will be held at the medical school, information will be forthcoming.
- Recommended, Not Required Vaccines**
Document any additional immunizations on page 2 and 3 of the immunization record form

Name: _____ Date of Birth: _____
 Last First Middle mm / dd / yyyy

Required Immunizations - page two

Meningococcal ACWY Required for students under 22 years of age; booster dose required if last dose was given before age 16.			
Meningococcal Vaccine <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> MenQuadfi <input type="checkbox"/> Penbraya (MenABCWY) <input type="checkbox"/> Penmenvy (MENABCWY) <input type="checkbox"/> Other:	Date of dose # 1:	Date of booster dose (if first dose given before 16th birthday):	
T-dap (Tetanus, Diphtheria, Pertussis) 1 dose of adult T-dap; if last T-dap is more than 10 years old, provide date of last Td or T-dap booster			
T-dap	Date of dose:	Date of booster dose (if applicable): <input type="checkbox"/> T-dap <input type="checkbox"/> Td	
Varicella (Chicken Pox) 2 doses of varicella vaccine or laboratory evidence of immunity for varicella			
Varicella (Chicken Pox)	Date of dose # 1: Administered on or after the first (1st) birthday	Date of dose # 2: Must be at least 1 month after first dose	Or Varicella Titer <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: Copy of lab result required
Tuberculosis Screening Two skin test spaced 1-3 weeks apart OR one IGRA test (QuantiFERON Gold /T-SPOT) within 6 months of arrival to Brown. If 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: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	Copy of lab result required
Chest X-ray Required only if PPD or IGRA test is positive	Date of chest x-ray:	Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	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:

