Visiting Student Requirements

This document contains immunization and other health requirements that must be met prior to your visiting rotation assignment here at USC SOM. Please read the following instructions carefully, and have your personal health care provider fill out the attached form.

If you have questions, call the Student Health Office at 803-434-2479. Thank you.

- **HEALTH CARE PROVIDER:** A licensed healthcare provider must complete the immunization form. A health care provider is: a physician licensed to practice (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
- **ENGLISH:** All information must be submitted in English.
- **MEASLES, MUMPS, RUBELLA:** Documentation of two doses of MMR vaccine is required for students born after January 1, 1957. A copy of laboratory report(s) in English with evidence of immunity (IgG) to Measles, Mumps, and Rubella may be submitted in place of immunization records.
- **HEPATITIS B:** Students must receive the full Hepatitis B immunization series prior to beginning classes (3 shots at 0, 1-2, and 6 months). They must also provide documentation of immunity (Hepatitis B surface antibody). Students who would like to refuse the hepatitis B series may do so by filling out an informed refusal form. They can obtain this from the Employee/Student Health Office. (Hepatitis B immunization is STRONGLY encouraged unless contraindicated.) In some cases the Hepatitis B vaccine series may need to be repeated. If so, this can be done in 4 months (0, 1 and 4 months) instead of the initial 6 months. In addition a repeat surface antibody titer is required.
- **VARICELLA:** Students must present proof of immunity to Varicella (chicken pox) in one of two forms: (1) receipt of two doses of varicella immunization administered at least one month apart or (2) laboratory documentation of immunity (IgG) to varicella. Students who have not previously been immunized and who do not have laboratory proof of immunity should complete the two-dose vaccination series.
- **TDAP:** Students must provide documentation of one dose of Tdap (tetanus, diphtheria, acellular pertussis) immunization as an adult. This became available in 2005.
- **POLIO:** Documentation of three doses IPV or OPV is required. If vaccine records are not available there are two options: (1) proof of immunity (IgG) titer may be substituted send copy of lab results or (2) a polio waiver form may be signed and submitted to student health.
- **TUBERCULOSIS SCREENING:** Screening for tuberculosis exposure is a **tuberculin skin test performed within the last 3 months.** Students with a previous history of a positive tuberculosis skin test must submit (1) written documentation of the previous positive test, (2) a completed TB Symptom Survey (available from the Student Health Office) and (3) a chest X-ray report obtained within two years of school entry. Skin testing is not necessary for these students. Please note that a history of the BCG vaccine is not contraindicated for TB skin testing.
- **EXEMPTIONS:** There are exemptions for some of the above requirements, as described below.
  - **MEDICAL CONTRAINDICATIONS:** Students are not required to receive immunizations for which they are medically contraindicated. There is space available on the attached form for a health care provider to describe medical contraindications to any of the required immunizations. This statement will be accepted only if it meets the standards of care at The University of South Carolina School of Medicine.
  - **PREGNANCY OR SUSPECTED PREGNANCY:** Some immunizations are contraindicated during pregnancy. The student must submit a signed statement from a physician stating the student is pregnant or pregnancy is suspected. Pregnancy exemptions are applicable only to Measles, Mumps, Rubella and Varicella vaccination requirements. Submit this statement to the Student Health Office.
  - **AGE EXEMPTION:** Persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by the submission of a copy of the student’s birth certificate, driver’s license, or passport identifying the birth date. Submit this statement to the Student Health Office.
  - **Please note that anyone with a vaccine exemption may be excluded from the University/College in the event of a Measles, Mumps, Rubella, Varicella or Diphtheria outbreak in accordance with public health law**
UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE

Please complete and return this form with copies of the requested information. A healthcare provider (physician, nurse, or physician assistant) must sign the form. Some immunization series require multiple visits to complete, so it is STRONGLY advised to initiate this process as soon as you receive your letter of acceptance to the UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE. Please be aware that ALTERNATIVE FORMS OR RECORDS WILL NOT BE ACCEPTED.

| MEASLES, MUMPS, RUBELLA |
| Two doses of MMR vaccine are required: OR Positive MMR titers |
| Date of first dose: ___/___/____ |
| Date of second dose: ___/___/____ |
| OR Date of positive MMR (IgG) titer: ___/___/____ Copy attached |

| POLIO |
| At least three doses of IPV or OPV. If more than three doses were given, list the last three. Other options: |
| 1. Proof of immunity by a polio titer |
| 2. Sign and submit waiver to student health |
| Date of first dose: ___/___/____ |
| Date of second dose: ___/___/____ |
| Date of third dose: ___/___/____ |
| OR Date of positive titer: ___/___/____ Copy attached |
| OR Date waiver signed: ___/___/____ Waiver attached |

| TETANUS, DICHTERIA, PERTUSSIS |
| Each student must provide documentation of the Tdap vaccine as an adult. This became available in 2005. |
| Date of adult Tdap vaccine: ___/___/____ |

| VARICELLA ZOSTER (CHICKEN POX) |
| Two doses of Varicella vaccine, at least one month apart: OR A positive Varicella titer |
| Date of first dose: ___/___/____ |
| Date of second dose: ___/___/____ |
| OR Date of positive Varicella (IgG) titer: ___/___/____ Copy attached |

| Hepatitis B (3) doses of Hepatitis B vaccine: |
| AND A positive Hepatitis B surface antibody titer |
| Date of first dose: ___/___/____ |
| Date of second dose: ___/___/____ |
| Date of third dose: ___/___/____ |
| OR Date of positive titer: ___/___/____ Copy attached |
| OR Date of Hepatitis B surface antibody copy: ___/___/____ Copy attached |

| TUBERCULOSIS SCREENING |
| Skin testing must be completed within 3 months of the date this form is submitted. Results must be reported in millimeters of induration. If no induration, record 0 mm. If the student has a history of a positive TB skin test or treated TB disease, a chest X-ray done in the USA within the previous two years is required. A copy of the X-ray report must be attached, along with a copy of the TB questionnaire (available from Student Health Office), and documentation of the (+) PPD. Repeat skin testing is not required of students with a previous positive ppd. BCG vaccine does not exempt from TB skin testing. |
| Date of PPD placement: ___/___/____ |
| Date read: ___/___/____ |
| Result: _____ mm induration |
| OR Documentation of (+) PPD |
| Date of CXR: ___/___/____ report attached. (within 2 years) |
| AND Completed TB Symptom Survey attached |

Other IMMUNIZATIONS (These immunizations may be recommended, but are not required. If they have been received, please provide the dates.)

1. Hepatitis A vaccine

2. Meningococcal

3. Other Vaccines

Allergies and Contraindications to Immunizations (attach separate sheet if needed)

1. List all drug, vaccine, latex, or food allergies:

2. If any of the requirements on this form are contraindicated, please explain:

Policy on Viral Hepatitis and HIV/AIDS: The USC School of Medicine does not require testing for HIV or viral hepatitis. However, knowledge of one’s own HIV and hepatitis status is strongly encouraged for students who will be performing invasive procedures that might put patients or other persons at risk of infection, and have reason to believe they may have been exposed to these infections. The University Of South Carolina School Of Medicine does not discriminate against students on the basis of hepatitis or HIV infection. However, students who know they are infected with HIV or hepatitis or believe they may be infected with HIV have an ethical obligation to disclose this information so that appropriate duty modifications can be made; if necessary (see AMA policy H-20.912).

Certifying Health Care Provider (Physician, Nurse, or Physician Assistant)

Print Name: ______________________ Degree: ______________________

Signature: ______________________ Date: ______________________

Address: ______________________ Phone: ______________________
University of South Carolina School of Medicine
Employee/ Student Health Services

POLIO WAIVER

I have completed the required polio vaccine, but am unable to locate documentation validating this. I do not request to have a polio titer drawn at this time to prove immunity.

I understand that indigenous polio does not exist in the US currently, but can still be a problem in less developed countries. If I elect to do any medical study abroad, I will notify the Student/Employee Health Office to be tested for laboratory evidence of polio immunity.

______________________________________________________
Name print Date

______________________________________________________
Signature
USCSM EMPLOYEE/STUDENT HEALTH
TB EXPOSURE SURVEY

NAME: ________________________________ CLASS: __________

DEPARTMENT: _________________________ POSITION: __________

SECTION I

I have had a positive PPD greater than 10 mms? Yes No

Did you take INH? Yes ___ No ___ If Yes, When? _____ How long? ______

Do you have documentation of a positive PPD? Yes___ No____

SECTION II

Do you currently have any of the following chronic conditions?

1. Productive cough Yes No
2. Persistent weight loss without dieting Yes No
3. Persistent low grade fever Yes No
4. Night sweats (excluding menopause) Yes No
5. Loss of appetite Yes No
6. Swollen glands, usually in the neck Yes No
7. Recurrent kidney or bladder infections Yes No
8. Coughing up blood Yes No
9. Shortness of breath Yes No
10. Chest pain Yes No

Should I develop any of the signs symptoms or conditions of Tuberculosis, I will notify the USCSM Employee/Student Health office immediately.

If you answered “Yes” to any of the above questions, you must have a chest x-ray done.

_______________________________________
Employee/Student Signature

_______________________________________
Date