REQUIRED IMMUNIZATION CHECKLIST

| STUDENT NAME: | | (DOB): |
|---|-----------------------------|--|
| Verification may include: copies | s of your immuniza | am for all immunizations and titers. ation record from a clinic, hospital, health ion card. Formal laboratory results for titers |
| Note: Hepatitis B 3-shot | series can take a m | ninimum of <u>6 months</u> to complete. |
| ☐ HEPATITIS B 3-SHOT SERIES ☐ #1 ☐ #2 | S or HEPATITIS B 2 S | SHOT SERIES (Heplisav-B): |
| ☐ HEP B Antibody Titer | AND HEP B An | tigen Titer ("quantitative" result is preferred) |
| MEASLES, MUMPS, RUBELLA (IGC | | nations AND onths of program start date |
| Positive Measles, Mum | - |) titer within 12 months of program start date |
| TDAP: (tetanus, diphtheria, and p | pertussis) within the las | st 10 years. |
| MENINGOCOCCAL B (MenB): | 1 vaccination | |
| ☐ VARICELLA (chickenpox): Ver OR ☐ Positive antibody titer | rification of 2 vaccinat | tions |
| Have you had the disease (| (chickenpox)? YES or | NO |
| COVID19 VACCINE *Although <i>highly recommended</i> | , Idaho State University | does not require the COVID19 vaccine at this time |
| ORIGINAL SERIES | BIVALENT (BOOSTER) | UPDATED PFIZER/MODERNA (AS OF 09/12/2023) |
| TUBERCULIN (TB) skin test c | ompleted within 1 mo | onth of program start date. |
| I hereby affirm that th | nis information is tru | e to the best of my knowledge. |
| UDENT SIGNATURE: | | DATE: |

ALL VERIFICATION (excluding the TB skin test) IS DUE TO BE SUBMITTED TO ADMISSIONS MOODLE BY JUNE 30th <u>OR</u> the closest day prior to. For all questions regarding immunization requirements, please contact Kerbie Cameron. Email: <u>kerbiecameron@isu.edu</u> Phone: 208-282-3226.

See (back) Page 2 for further information and FAQ.

IMMUNIZATION INFORMATION & FAQ Our requirements are based upon the guidelines and recommendations of the CDC (Center for Disease Control), as well as clinical sites our program utilizes during your clinical year. www.cdc.gov/vaccines/schedules/hcp/index.html

HEPATITIS B SERIES, HEPATITIS B SURFACE ANTIBODY, HEPATITIS B SURFACE ANTIGEN

The Hepatitis B 3-shot series takes a minimum of 6 months to complete. Verification of the 3-shot series **or** the 2-shot series (Heplisav-B) are required. The Surface Antibody and Surface Antigen titers are required regardless of the series obtained. Both titers can be done 30-days after the final shot. Surface Antibody desired result is Positive and Surface Antigen desired result is Negative. **If Surface Antibody titer is negative**, student must repeat a second Hepatitis B series, followed by an additional Surface Antibody titer 30 days after the final shot.

MEASLES, MUMPS & RUBELLA (MMR)

Verification of 2 vaccinations <u>OR</u> positive titers for each. A Rubella (**IGG not IGM**) titer is required, even if you have 2 documented MMR vaccines. The rubella titer MUST be within 12 months of the program start date.

TETNUS, DIPHTHERIA, PERTUSSIS (TDAP)

Verification of vaccination within the last 10 years. Must include Pertussis.

VARICELLA (Chickenpox)

Verification of 2 vaccinations **OR** a positive <u>antibody</u> titer.

*COVID19

Although highly recommended, as of 09/23/2021 Idaho State University does not require the COVID19 vaccine. Clinical sites may require students to be fully vaccinated against COVID19 for clinical rotation clearance/approval.

TUBERCULIN (TB) Skin Test

TBST must be completed within 1 month of the program start date. Also acceptable: QuantiFERON or TSPOT blood.

MENINGOCOCCAL B (MenB)

Verification of 1 MenB vaccination. See CDC for recommendations: https://www.cdc.gov/vaccines/vpd/mening/public/index.html

Q: What is verification?

A: Verification, this is the formal validation that you have completed required immunizations/titers for the Physician Assistant Program. Acceptable verification may include: your immunization record from a clinic, hospital, health department, pharmacy, or your childhood immunization card. Formal laboratory results are required for verification of your titer results. Copies will be made of any original documents; your originals will be returned to you.

Q. Why does the Hepatitis B series take so long?

A: The Hepatitis B series has a mandatory schedule of 0, 1, and 6 months. The 0/1/6 schedule means the second dose is administered 1 month after the first dose, the third dose is administered 6 months after your first dose. Hepislav-B 2-shot series schedule is 0/1. The antibody and antigen titers are drawn one month <u>after</u> the final dose.

Q: I completed the Hepatitis series when I was a teenager, why do I need the antibody titer now?

A: Proof of immunity is required; this is demonstrated with laboratory verification. The antibody titer must be positive to validate you have immunity to Hepatitis B, the antigen titer is also required.

Q: Aren't Hepatitis B antigen and Hepatitis B antibody the same thing?

A: NO. They are separate laboratory tests and both are required. Read about the tests at the CDC website.

Q: My childhood vaccination card shows I have had 2 MMR's, do I still need a Rubella (IGG) titer?

A: YES.

Q: Is the positive Rubella titer I had 3 years ago, acceptable?

A: NO. It must be within 12 months of the program start date.

Q: I've only had one Varicella shot, but I had chickenpox when I was a child, do I still need a titer?

A: YES.

Q: Why does my TB have to be within a month of starting the program?

A: TB tests (both types: skin and blood) are required annually. If your TB test is done too early, it will lapse before the TB test is administered at the end of the didactic year.