

**KUMC STUDENT HEALTH SERVICES
IMMUNIZATION RECORD**

Office: 913-588-1941 Fax: 913-588-1943

Student Name: (Please Print) _____ Date of Birth: _____

School / Program: SoM SoN Allied Health Graduate Studies

If Allied Health or Graduate Studies, which program are you enrolled in? _____

To the best of my knowledge, I have completed the entire set of childhood immunizations per CDC guidelines. (Please circle) **YES NO**
If no, please provide which immunizations were not completed and why: _____

<p><u>Tetanus/Diphtheria Booster:</u> (within 10 years)</p>	<p>_____ Month / day / year</p>
<p><u>MMR Immunization:</u> (Documented proof of 2 MMR vaccinations or Positive IgG titer for measles, mumps, and rubella must be attached.)</p> <p>**If you cannot provide documentation – titers can be drawn at Student Health by appointment.</p>	<p>First: _____ Month / day / year Second: _____ Month / day / year Date of titer: _____ Month / day / year</p>
<p><u>Varicella Immunization:</u> (Document month and year of disease, or attach chicken-pox vaccination dates or a positive Varicella IgG titer.)</p> <p>**Titers can be drawn at Student Health by appointment</p>	<p>First: _____ Month / day / year Second: _____ Month / day / year Date of Disease: _____ Month / year Date of Titer: _____ Month / day / year</p>
<p><u>Hepatitis B Series:</u> (Documented proof of 3 doses of Hepatitis B vaccine or a positive Hepatitis B Surface Antibody must be attached.)</p> <p>**If you cannot provide documentation – titers can be drawn at Student Health by appointment. Hepatitis B series can be administered at Student Health upon enrollment.</p>	<p>First: _____ Month / day / year Second: _____ Month / day / year Third: _____ Month / day / year Date of Titer: _____ Month / day / year</p>
<p><u>Tuberculin Skin Test (PPD):</u> (Documented proof must be attached.) Two Step testing is required for all new students. This involves two separate PPD tests administered and interpreted within the past 12 months. The most recent PPD should be within the last 3 months. PPD tests are required annually thereafter.</p> <p>(PPDs are available at Student Health annually FREE of charge.)</p>	<p>FIRST STEP: Date Placed: _____ Month / day / year Date Read: _____ Month / day / year Result: (Please circle) Negative Positive (____x ____mm)</p> <p>SECOND STEP: Date Placed: _____ Month / day / year Date Read: _____ Month / day / year Result: (Please circle) Negative Positive (____x ____mm)</p>
<p><u>If you have had a Positive PPD:</u> Please attach a copy of the result from the most recent x-ray and documentation of INH treatment if applicable.</p>	

To the best of my knowledge, the above information is **TRUE** and **ACCURATE**.

Student Signature: _____ Date: _____

****Refusal to comply with the immunization policy at KUMC may result in the inability to provide patient care or participate in scholastic or clinical experiences.**

Immunization Fee Schedule

The following immunizations are required for all KUMC students. These immunizations are available at the Student Health Center. To receive an immunization prior to enrollment, please contact Student Health Services at (913) 588-1941.

TB Skin Test	One (1) Free – If 2-step is required – FREE Should at any time the TB test is not read or a 2-step needs to be restarted – the cost will be \$15 per injection.)
Hepatitis B Series	\$42.00 per dose
M.M.R.	\$37.00 per dose
Varicella (Chicken Pox)	\$55.00 per dose
Tetanus	\$20.00 per dose

Required Immunizations	Minimum Requirement
Tetanus/Diphtheria	One dose within the past 10 years (Vaccination obtainable at Student Health)
Measles (Rubeola) Mumps Rubella (German Measles)	Two-dose series administered on or after first birthday; or immunity to disease by documented history of disease or lab report showing positive titer. (Labs or vaccination obtainable at Student Health)
Hepatitis B Series	Three-dose series (second dose one (1) month and third dose six (6) months after first dose) or lab report showing positive hepatitis surface antibody titer. Must be vaccinated to most current status prior to registering for classes. (Labs or series obtainable at Student Health)
Varicella	Two-dose series (second dose one (1) month after first dose) or immunity to disease by documented history of disease or lab report showing positive varicella titer. (Labs or vaccination obtainable at Student Health)
PPD (TB) Skin Test	Two separate PPD tests administered within 12 months prior to enrollment are required. The most recent PPD should be within the last 3 months. PPD tests are required annually thereafter. History BCG vaccine as a child is not a contraindication for PPD tests. If a student has had a positive PPD, the most recent chest x-ray report and documentation of INH treatment (if applicable) <u>must be attached</u> . (TB screening available at Student Health)