



University of Nebraska Medical Center Required Immunizations

Use of this form is optional. An official immunization record from your health department or medical record is required when submitting this information.

Name:

Date of birth:

Student ID number:

Varicella (Chicken Pox)

Two (2) vaccines OR positive antibody titer

Varicella #1 date:

OR

Provide a copy of the original lab report that verifies immunity

Varicella #2 date:

Hepatitis B

Three (3) vaccine series and a positive Hepatitis B surface antibody titer (required)

A positive titer alone will be accepted with lab report

Hepatitis B #1 date:

Negative Hepatitis B Surface Antibody Titer results must follow the CDC Guidelines for healthcare workers. A repeat of a full second series of three (3) vaccines followed by a repeat Hepatitis B surface antibody titer. For the full immunization policy please refer to the Student Health website. Submit records of additional Hepatitis B vaccines and titers through your MyRecords Immunization Center as they are completed.

Hepatitis B #2 date:

Hepatitis B #3 date:

Positive Hepatitis B surface antibody titer date:

Measles/Mumps/Rubella (MMR)

Two (2) vaccines OR positive antibody titers for all three diseases
Initial vaccine must be after age one (1), at least 28 days between doses

Provide copies of the original lab reports of Measles, Mumps and Rubella titers that verify immunity

OR

MMR #1 date:

MMR #2 date:

OR

Single component vaccinations (Measles, Mumps, Rubella)

Measles date #1:

Date #2:

Mumps date #1:

Date #2:

Rubella date #1:

Date #2:

Polio

Most current polio vaccine OR No Travel Consent if the student has not traveled to western hemisphere

Most current polio vaccine date:

If the student travels to Africa or Asia, they must be vaccinated or obtain a serologic study to document immunity to the three poliovirus serotypes (P1 and P3).

Tuberculosis (TB) Screening

Two-step TB skin test (TST) OR Intergeron Gamma Release Assay (IGRA), Quantiferon or T spot
Required upon admission to program

TST Step 1

Date placed:

Date Read:

Result:

mm duration:

TST Step 2

Date placed:

Date Read:

Result:

mm duration:

OR IGRA

Date:

Result:

Students with history of a positive TB skin test or IGRA:

- Must provide a copy of chest x-ray report and if applicable, treatment records for latent TB infection
- Complete a TB symptom assessment form, on the Student Health website

Tetanus/Diphtheria/Pertussis (Tdap)

One (1) dose in the last ten (10) years; tetanus/diphtheria every ten (10) years

Tdap date:

Td date:

Attach all supporting documentation. You will need to submit this information via your [MyRecords Immunization Center](#).

For questions, please contact UNMC Student Health at studenthealth@unmc.edu or call us at (402) 559-5158