

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Student Immunization/TB Requirements

Student and Employee Health Services (SEHS)
521 Jack Stephens Drive, Mail Slot 530-7
Little Rock, AR 72205
501-686-6565 (office) StudentandEmployeeHealth@uams.edu

**DOCUMENTATION MUST BE UPLOADED TO YOUR GUS ACCOUNT
NO LATER THAN 30 DAYS PRIOR TO YOUR FIRST DAY OF CLASS.**



PERSONAL INFORMATION:

Name: _____
Last First Middle

DOB _____ SID # _____

Home/Cell Phone: _____ Work Phone: _____

College/Program: _____

IMMUNIZATION HISTORY CHECKLIST: (Immunization dates must include the month, day, and the year. Documentation must be provided.)

- _____ **Tetanus and Diphtheria (Td)/Tetanus-Diphtheria-Pertussis (Tdap):** Documentation of booster within the past 10 years
- _____ **Measles:** Rubeola (measles,) must show one of the following as proof of immunity; 1) Documentation of 2 doses of measles vaccine or 2 MMR vaccine after the first birthday (no less than 1 month apart)
Or 2) a rubeola titer demonstrating immunity. Reactive titer for each disease will also be accepted.
- _____ **Mumps:** Documentation of 1) 2 doses of mumps or MMR vaccine, or 2) a mumps titer demonstrating immunity.
- _____ **Rubella:** Documentation of a single dose of MMR vaccine after their first birthday or 2) a rubella titer demonstrating immunity.
- _____ **Hepatitis B 3-shot series:** (or positive titer for Hepatitis B antibodies) – Required for the following colleges:
College of Public Health Graduate School
- _____ **Hepatitis B – Positive Titer** – Required for those with exposure to blood and body fluids. If non-reactive titer, please see policy 1.4.2 for vaccination specifics.

Required for the following colleges:

College of Medicine	College of Pharmacy	College of Nursing
College of Health Professions – the following programs only:		
Audiology & Speech Pathology		Cytotechnology
Dental Hygiene		Dietetic Internship
Diagnostic Medical Sonography		Genetic Counseling
Nuclear Medicine Imaging Sciences		Occupational Therapy
Physician Assistant		Physical Therapy
Radiologic Imaging Sciences		Speech-Language Pathology
	Medical Laboratory Sciences – on campus program only	
	Respiratory Care – on campus program only	

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_____ **Varicella:** Documentation of 2 doses of varicella vaccine at least one month apart or a varicella titer showing Immunity.

_____ **Influenza:** Seasonal influenza vaccine (or novel influenza vaccine if so recommended by the Center for Disease control) (INACTIVATED) during flu season. **Will be required and provided by UAMS annually for all students.**

_____ **Covid 19:** Documentation of 2 doses of Pfizer/Moderna or 1 dose of Johnson & Johnson vaccinations

TB Testing: Have you ever had a positive tuberculosis skin test? No _____ Yes _____
If yes, attach documentation of current health card (dated within 12 months of first day of class). Or, attach documentation of date placed, date read, and reaction in millimeters, copy of chest x-ray within 3 months of the start of classes (cd or file), and course of treatment.

_____ **Negative 2- Step TB Skin test or IGRA/T-spot. Either must be within twelve months of start date.**

I certify that all information contained or attached to this form is correct.

Student Signature

Date