



SCHOOL OF DENTISTRY

INDIANA UNIVERSITY FORT WAYNE

Health Requirements for Matriculation

For your protection and that of patients with whom you will come in contact during training, all students must meet established health requirements. **REFER TO PROGRAM REQUIREMENTS FOR DUE DATE OF IMMUNIZATION DOCUMENTATION!**

Please print the Immunization Checklist form, ensure all required and applicable documentation is attached, and send the documents to IUFW Campus Health via healthsv@iupui.edu include Last Name, First Name, Program, and Graduation year as the Subject.

Immunization Checklist Form:

Copies of clinical records MUST be attached for each vaccine or lab test to be considered VALID.

- ✓ **Hepatitis B** – The vaccine is administered in a series of 3 injections at 0, 1, and 6 months. Students admitted at least 6 months prior to the beginning of classes must provide documentation of completion of the series **AND** proof of an immune Hepatitis B antibody titer. Students admitted later must at least provide documentation of starting the series prior to attending class. All students must show evidence of having begun the series at the time this form is due.
- ✓ **Measles, Mumps, Rubella (MMR)** – Proof of 2 vaccinations at least 28 days apart **OR** proof of an immune antibody titer for EACH disease is required. *If you have received individual vaccinations for Measles, Mumps, or Rubella, proof of 2 vaccinations for each individual disease is required.*
- ✓ **Meningitis**– One Meningococcal ACWY vaccine is required.
- ✓ **Tetanus/Diphtheria and Acellular Pertussis (Tdap)** – One vaccine (first available in 2005) is required.
- ✓ **Tetanus Booster (Td)** – One booster is required every 10 years.
- ✓ **Varicella (Chicken Pox)** – Proof of 2 vaccinations at least 28 days apart **OR** an immune Varicella antibody titer is required. Having the disease as a child is not proof of immunity unless written documentation from treating physician is provided.
- ✓ **Tuberculosis** – Prior to beginning classes, new students must have two completed Tuberculin Skin Tests (TST), if there is no documented proof of a positive TST in the past.
- ✓ The following **must** be included on the TST documentation in order to be considered valid:
 1. DATE and **TIME** of Placement
 2. DATE and **TIME** of Reading (*must be within 48-72 hours of placement*)
 3. Results recorded in “mm”
 4. Placement/Read/Documentation signed by certified medical personnel

EXAMPLE OF VALID DOCUMENTATION:

Date Placed	Time Placed	PPD Lot #	Exp Date	Location	Placed By:	Date Read	Time Read	Results (mm)	Read By:
01/02/18	1601	123456	12/2018	LFA	RAF, RN	01/05/18	1246	0mm	TPW, LPN

IF history of a positive TST, documentation and evidence of a chest x-ray and medical treatment must be provided. A TB Symptom Questionnaire located on the IUPUI Campus Health website ([http://studentaffairs.iupui.edu/health-](http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml)

[wellness/student-health/forms/index.shtml](http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml)) must also be completed and submitted with your documentation.

FYI – All students will be required to participate in annual academic year TB Surveillance and Flu vaccination while attending IUFW School of Dentistry.

You will be contacted via your IU email once your documentation is received and reviewed.



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Student Immunization Checklist

Name (PRINT LEGIBLY): _____ Date of Birth: ____/____/____
LAST FIRST MI Mo Day Year

Gender: M / F / T Student ID#: _____ Phone: (____) _____

Program Start Date: ____/____/____ Graduating Class of: _____ IU Email: _____
Mo Year

Declaration Statement

IU Campus Health and the School require you to provide documentation of the following vaccinations. ***Failure to submit the appropriate documentation may delay or prevent your ability to start your program.*** We highly recommend you submit your documentation as early as possible. We are not responsible if you submit documentation at the last minute that does not meet requirements.

****Copies of clinical records MUST be attached for each vaccine dose or lab test ****

Hepatitis B: THREE doses are required **AND** a positive antibody titer (HBsAb)
 Vaccinations: #1 #2 #3 **AND** Evidence of Immunity: Hepatitis B Titer

MMR (Measles, Mumps, Rubella): TWO doses are required at least 28 days apart **OR** a positive antibody titer (IgG) for each
 Vaccinations: #1 #2 **OR** Evidence of Immunity: Measles Titer Mumps Titer Rubella Titer

Meningitis (Meningococcal ACWY): ONE dose is required.
 Vaccination: #1

Tdap (Tetanus/Diphtheria and Acellular Pertussis): ONE dose is required from 2005-forward.
 Vaccination: #1

Td Booster (Tetanus/Diphtheria): ONE dose is required every 10 years.
 Vaccination: #1

Varicella (Chicken Pox): TWO doses are required at least 28 days apart **OR** a positive antibody titer (IgG)
 Having the disease as a child is not proof of immunity unless written documentation from treating physician is provided.
 Vaccinations: #1 #2 **OR** Varicella Titer **OR** Documented History of Disease

- New students must have two completed Tuberculin skin tests (TST) if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥ 10 days apart. **DATE/TIME of TST placement, DATE/TIME of TST read within 48-72 hours, and results recorded in "mm" MUST be recorded on the attached documentation or it is not valid!**

TB Screening: TWO TSTs are required (IF no history of positive TST) **OR** one IGRA blood test may be substituted
 Step 1: (not >18 months before matriculation) Step 2: (from May 1, 2019 forward) **OR** an IGRA (from May 1, 2019 forward)

IF history of a positive TST or IGRA: Documentation and evidence of any chest x-ray and medical treatment must be provided. A TB Symptom Questionnaire located on the IUPUI Campus Health website (<http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml>) must also be completed and submitted with your documentation.

Positive History for TB Screening: If documented history of positive TST, documentation/evidence of the positive result, Chest X-Ray, and completed TB Symptom Questionnaire are required.
ANY Positive TST skin test or IGRA:
Follow Up Treatment: Chest XR TB Treatment? Yes No TB Symptom Questionnaire