

Required Vaccinations: Immunization documentation is required for PrepMD students to participate in clinical rotations at Boston area medical centers and clinics. **Contact your primary care physician now to obtain your records and to get started working on any missing vaccination requirements.**

Due Dates:

2 weeks prior to Phase 1 start: Hepatitis B titer test

4 weeks after start of Phase 1: Completed PrepMD Vaccination Form and Titer Test Reports
immunizations@prepmd.com

IMPORTANT timing note: The Hepatitis B vaccination is offered in either a 2 OR 3 dose series. The 3-dose series is done over a period of 6 months. The 2-dose series is done over a period of 1 month. Four to six weeks after the last shot in the series, a titer is drawn to test immunity. **Important:** If the 2-dose Hepatitis B vaccination is unavailable at your primary care physician, options include: [Sam's Club](#), [CVS](#), and [Walgreens](#).

MMR (Measles, Mumps and Rubella) - One of the following is required:

- _____ Official documentation from health care provider of (2) doses of MMR vaccine, **OR**
- _____ Official Lab Report indicating immunity: MMR Titer (blood test)

Varicella (Chickenpox) - One of the following is required:

- _____ Official documentation from health care provider of (2) doses of Varicella vaccine, **OR**
- _____ Official Lab Report indicating immunity: Varicella titer (blood test)

Hepatitis B - Both of the following are required:

- _____ Official documentation from health care provider of **EITHER the 2 or 3-Dose Series:**

3-DOSE SERIES:

- ENGERIX B: 1mL (20mcg) IM AT 0, 1, and 6 MONTHS
- RECOMBIVAX HB: 1mL (10mcg) IM AT 0, 1, and 6 MONTHS

2-DOSE SERIES:

- HEPLISAV-B: 0.5 mL IM at 0 and 1 MONTHS

AND: _____ Official Lab Report indicating immunity: Hepatitis B Surface Antibody Titer (blood test) (4-6 weeks after last shot)

Tuberculosis Screening and Chest X-Ray - One of the following is required:

- _____ Official documentation from health care provider of Negative TB Skin test (TST) OR Interferon Gamma Release Assay (IGRA) blood test within last 3 months, **OR**
- _____ Official Chest X-Ray Report if you have previously tested positive

Tetanus/Diphtheria/Pertussis (Tdap or Td) - required:

- _____ Official documentation from health care provider of Tdap vaccine within the last 10 years

Influenza/Flu Vaccine - required:

- _____ Official documentation that the most current season's influenza vaccine has been administered (Flu season is September-April)



PrepMD Immunization Form

Submit completed form and **legible** documentation to: immunizations@prepmd.com

Failure to submit required Immunization records will result in student not participating in clinical rotations

Part 1: to be completed by the student: (please print)

Student's full name:

First Name

Middle Name

Last Name

Student's date of birth:

(mm/dd/yyyy)

Part 2: Immunization History - to be completed by health care provider:

Vaccine Series	Dates must include month/day/year					
	Date Dose 1	Date Dose 2	Date Dose 3	Date Dose 4	Date Dose 5	Titer Date and Result (attach report)
Completed Hep B Series (2 or 3 dose)						
Hep B titer showing immunity						
MMR (2 dose)						
Varicella (2 dose)						
Seasonal Influenza						
TB Test - skin test OR IGRA blood test (within 3 months of phase 1 start)						
DTP/DTaP/DT/Td/Tdap (within 10 years)						

Please note:

- If HepB titer is negative, you will need to get a booster immunization and repeat the titer
- If no records for MMR and Varicella, you will need to get a titer. If your titer shows you are not immune to MMR and/or Varicella you will need to get a booster
- Varicella titer blood test showing immunity is required. History of the Disease for Varicella is not sufficient documentation.

Part 3: Validation – to be completed by health care provider (official stamp required):

Physician Name:

Signature:

Address:

Phone:

License #:

Official Stamp: