



This is a checklist to help ensure you submit proper documentation: Please read all instructions thoroughly because you are responsible for ensuring you have met all the requirements. Immunization documentation is required for PrepMD students to participate in clinical rotations. **All immunization records and titer result documentation must include your full name, date of birth, and a health professional signature or stamp.**

Deadline: Submit all immunization documents by your phase 1 start date: immunizations@prepmd.com

PrepMD Vaccination Requirements:

1. Hepatitis B - required:

- _____ Official documentation of completed Hepatitis B immunizations, **AND**
- _____ **Official Titer Lab Report indicating immunity:** Hepatitis B Surface Antibody Titer

Read carefully!

Hepatitis B: If titer results do NOT demonstrate immunity or you have NOT previously received the Hepatitis B vaccination:

The 2-dose series Heplisav-B is recommended – (only 1 month between the 2 doses, followed by titer report)

- If 2-dose Hep-B is unavailable at your physician, options include: pharmacies at Sam's Club, CVS, Walmart and Walgreens. **Call first and ask if the Heplisav-B 2-dose vaccine is in stock.**
- Important: Thoroughly check your titer results. If after vaccination your titer DOES NOT demonstrate immunity a **booster or repeat vaccine is required** (this is not uncommon and requires more time!)

2. MMR (Measles, Mumps and Rubella) - One is required:

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

3. Varicella (Chickenpox) - One is required:

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

4. Tetanus/Diphtheria/Pertussis (Tdap) - required:

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

**5. Tuberculosis Screening: annual requirement
required <1 year from your graduation date - required:**

- _____ **Official Lab Report from health care provider of negative IGRA or T-Spot TB blood test** (if a positive result a chest xray is required)

6. Influenza/Flu Vaccine (annual requirement) - required:

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