

SUBMIT ALL DOCUMENTS: including Full Name, Date of Birth, and Health Professional Signature or Stamp

We encourage submission as early as possible to enable a review by our staff to ensure compliance and provide you an opportunity to correct omissions/mistakes.

Upload documents: www.prepmd.com/training/prepmd-admissions/accepted-students (password prepmd2021)

Questions: immunizations@prepmd.com

PrepMD Clinical Partners include Harvard, Tufts, Boston University, and UMASS affiliated medical centers, where our students observe procedures in the OR, EP and Cath labs. These immunization requirements have been established by our clinical partners to provide patient and student safety. **Students will not be allowed to participate without fulfilling requirements.**

DEADLINE ITEMS 1-8: The start of your Program on Day 1 of Phase 1

1. **Proof of Health Insurance** – submit front/back photo of your health insurance card
2. **Photocopy of Driver's License** – submit front/back photo clinical partners require this to perform a background check
3. **Hepatitis B - BOTH are required:**
____ Official documentation of completed Hepatitis B immunizations, **AND**
____ **Official Titer Lab Report MUST indicate immunity:** Hepatitis B Surface Antibody (HBsAb) Titer
Read carefully:
 - **If you still need this vaccine:** Get the **Heplisav-B** (1 month between doses) and not Engerix-B (6 months between doses) to ensure you can accomplish this in a timely fashion.
 - **Get your Hep-B Titer early: If your titer shows that you do NOT have immunity this will give you time to receive a booster dose and re-titer 30 days later. If your titer does not show immunity** you need to get a Heplisav-B vaccine and repeat the Hep B titer 1 month after vaccine. If at this point your titer is positive (immune), then you are done. If titer is negative (not immune) then you need the 2nd dose and repeat titer in one month.
 - **Your Dr. doesn't have it and you can't find Heplisav-B:** <https://www.heplisavb.com/3-dose-vaccines>
Call 844-375-4728: ask a patient coordinator to find 2-dose Heplisav-B vaccine in your area
Call/Request they order Heplisav-B vaccine for you: Sam's Club, CVS, Walmart and Walgreens pharmacies
4. **MMR (Measles, Mumps and Rubella) -**
____ Official documentation of 2 doses of MMR vaccine, **OR**
____ Official Lab Report indicating immunity: MMR Titer. **NOTE:** if your titer does not show immunity you need the 2 dose vaccine (1 month between doses) and do not need a repeat titer, the 2X MMR vaccine is enough.
5. **Varicella (Chickenpox) -**
____ Official documentation of 2 doses of Varicella vaccine, **OR**
____ Official Lab Report indicating immunity: Varicella titer. **NOTE:** if your titer does not show immunity you need the 2 dose vaccine (1 month between doses) and do not need repeat titer, the 2X Varicella vaccine is enough.
6. **Tetanus/Diphtheria/Pertussis (Tdap) required every 10 years**
____ Official documentation of Tdap vaccine **within the last 10 years**
7. **COVID-19**
____ Official documentation of completed **COVID-19** vaccine series
8. **Influenza/Flu Vaccine - released in Sep for the coming season - annual requirement:**
____ Official documentation of completed **current seasonal** influenza vaccine

DEADLINE ITEM 9: Receive your TB Blood Test no more than 2 months prior to your Phase 3 clinical rotations start date:

9. **Tuberculosis Screening (this test should be done NO MORE THAN 2 months prior to your clinical rotations)**
____ Official Lab Report of negative IGRA or T-Spot TB blood test (if a positive result a chest Xray is required)
DO NOT get a TB Skin test as this is not sufficient.