

ALL documents should be submitted as early as possible after acceptance and must include 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 at the Accepted Students page <https://www.prepmd.com/training/prepmd-admissions/accepted-students/>. 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 Day 1 of Phase 1 of your Program

1. **Proof of Health Insurance** – submit front/back photo of your health insurance card.
2. **Photocopy of Driver's License** – submit front/back photo of driver's license (background check by clinical sites)
3. **Hepatitis B - BOTH are required**
____ Official documentation of completed Hepatitis B immunizations, **AND**
____ Official Titer Lab Report indicating immunity: **Quantitative** Hepatitis B Surface Antibody (Ab) 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 does not show immunity (negative):** 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:** visit <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(s), and the most current COVID Bivalent booster, or if the original COVID vaccines were not done prior to April 18, 2023, the current COVID Bivalent booster
8. **Influenza/Flu Vaccine - released in Sep for the 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 – Schedule your TB Test to ensure it is <3 months prior to your phase 3 clinicals date**
____ Official Lab Report of negative IGRA or T-Spot TB blood test (if a positive result a chest Xray is required)
Read carefully: Do not get a TB Skin test as this is not sufficient.