



REQUIRED IMMUNIZATIONS AND DOCUMENTATION

Immunization against communicable diseases is exceedingly important to safeguard the health of our students and patients. WVU School of Dentistry matriculating students must meet the immunization requirements listed on this form. Supporting documents and this completed form must be uploaded to an individual secure account via myRecordTracker by Certiphi, Inc. for review on a case-by-case basis. Failure to meet these requirements will result in rescission of provisional acceptance.

Last Name: First Name: Date of Birth:

Measles, Mumps and Rubella (MMR): 2 dose vaccine series (Dose #1 given at age 12-15 months and Dose #2 given approx. 28 days after first dose) OR positive IgG antibody titers for Measles, Mumps and Rubella. TITERS MUST INCLUDE LAB REPORT. \*If Non-Immune Titer Result- Repeat 2-dose series.

MMR Dose 1 Date: MMR Dose 2 Date: Measles Titer Date: Mumps Titer Date: Rubella Titer Date: \*If Non-Immune Titer Result- Repeat two dose series

Hepatitis B: 3 Dose Vaccine series or 2 Dose Heplisav - B Vaccine Series AND Date of Surface Antibody (IgG) Titer proving immunity. TITER MUST INCLUDE QUANTITATIVE LAB REPORT \*If Non-Immune Titer Result- Repeat a full vaccine series and then repeat titer 4-6 weeks after final dose.

HepB Dose 1 Date: HepB Dose 2 Date: HepB Dose 3 Date: OR Heplisav-B Dose 1 Date: Heplisav- B Dose 2 Date: HepB Titer Date: \*If Non-Immune Titer Result - Repeat vaccine series:

Varicella (Chicken Pox): 2 dose vaccine series OR date you had the chicken pox OR Date of positive IgG antibody titer. \*If Non-Immune Titer Result- Repeat 2-dose series.

Varicella Dose 1 Date: Varicella Dose 2 Date: OR Chicken Pox (MM/YYYY required) OR Varicella Titer Date: \*If Non-Immune Titer Result- Repeat two doses:

Polio: Evidence of IPV or OPV series and booster. IPV or OPV: 1st dose 2nd dose 3rd dose Booster

Tetanus Diphtheria, Pertussis (Tdap): Tdap vaccine required every ten years. TD booster only accepted if Tdap on file.

Tdap Vaccine Date: TD Booster Date:

Influenza (Flu)-- Required annually upon availability but does not need to be completed in the summer prior to matriculation. Verification of an updated seasonal influenza vaccination will be requested during the fall semester at the appropriate time.

Tuberculosis Testing: MUST BE DATED AFTER JUNE 1ST OF YOUR MATRICULATION YEAR Submit ONE of the following options 1. PPD skin test with negative result 2. QuantiFERON TB Gold or T-Spot blood test with negative result 3. If skin or blood test is positive, a chest x-ray must be completed and dated within 12 months. Annual Update Required: Submit WVU TB Questionnaire annually prior to your TB expiring.

Skin Test 1 Plant Date: Skin Test 1 Read Date: Result: Negative Positive TB QuantiFERON gold Date: Result: Negative Positive Chest X-Ray Date: Result: Negative Positive

Primary Care Provider Signature AND Provider's stamp here or add business card are required to support and validate information provided on this form.

Provider's Signature: Date: Provider Name (printed): Phone Number: Place Provider Stamp or Business Card Here

All incoming students must have these requirements completed and uploaded by June 1 Completed forms must be uploaded with lab results as indicated onto www.myrecordtracker.com. Please contact the WVU School of Dentistry Office of Admissions at dentaladmit@hsc.wvu.edu or (304)-293-6646 if you have any questions regarding this form and the required information.