

## Duke University Mandatory Immunization Requirements for Health Science Students

North Carolina General Statute §130A 152-157 requires that ALL students entering college present a certificate of immunization which documents that the student has received the immunizations required by law. In addition to the state-required immunizations, to promote the health of our students and to minimize the potential for transmission of communicable diseases within our community, immunization requirements differ for Health Science Students. For additional information review the immunization compliance section of our website at <http://studentaffairs.duke.edu/studenthealth/immunization-compliance>.

The general deadline for submission of the Mandatory Immunization Requirements Form, TB Screening Questionnaire and online Health History Forms is June 15th. Individual programs may have different immunization deadlines. Students will be **WITHDRAWN FROM THE UNIVERSITY** 30 days after classes begin if the Mandatory Immunization and TB requirements have not been met.

### Health Science Students are required to have the following immunizations and titers:

- Hepatitis B- 3 dose series AND a Positive Hepatitis B surface Antibody (HBsAb) quantitative titer** (greater than 10 mIU/ml). This titer is done 2 months after the third vaccine. If the quantitative titer is less than 10 mIU/ml, another 3 dose Hepatitis B series must be completed and a quantitative HBsAb rechecked 2 months afterwards. **\*\*\*NOTE: All titers must include a lab report.\*\*\***
- Tetanus/Diphtheria/Pertussis- Tetanus/diphtheria toxoid (DT/DTaP/DTP/Td) 2 doses and a Tdap Booster REQUIRED:** 3 total doses are required; one dose must be given within the past 10 years. Tdap is required for all
- Measles/Mumps/Rubella-** Two Measles (Rubeola), two Mumps, one Rubella OR positive titers. If student is unable to document 2 Measles, 2 Mumps and 1 Rubella we will accept a positive MMR titer. If titer is negative or inconclusive/equivocal another 2 dose series must be given (dose # 2 must be given a minimum of 28 days after dose # 1) If student HAS proof of 2 Measles, 2 Mumps and 1 Rubella and titer is negative or inconclusive/equivocal, 1 booster dose of MMR is required.
- Varicella-** History of Chicken Pox illness **AND Positive IgG titer OR 2 doses of Varicella-containing vaccine** given on or after 12 months of age and at least 28 days apart **AND Varicella IgG titer**. Students without a history of disease, or with a negative antibody titer should receive a total of two doses of vaccine followed by a Varicella IgG titer 2 months after receiving the 2nd dose. If your Varicella titer result is negative, make sure the correct titer was performed, IgG, not IgM. **\*\*\*NOTE: All titers must include a lab report.\*\*\***
- Tuberculosis Skin Test (TST) or IGRA (TB blood test) -** Must be completed within the 12 months preceding the 1st day of classes. BCG vaccination does not prevent testing. For students who have received the BCG vaccine, an IGRA, either QuantiFERON TB Gold (QFT-G) or T-Spot, is preferred. If TST or IGRA is positive, a chest x-ray is required within the 12 months preceding the 1st day of classes. If a student has recently received a live virus vaccine, TB testing should be delayed for 4 weeks.

### **IMPORTANT! Student Health Services (SHS) DOES NOT ACCEPT TB TESTING OR CHEST X-RAYS DONE OUTSIDE OF THE U.S.**

If you cannot provide the results of a TB test, do not have a current TB test once you arrive, or if your current test was not done in a United States facility please call 1.919.681.9355 to schedule an appointment at Duke SHS. If a student has recently received a live virus vaccine, TB testing should be delayed for 4 weeks. You must be enrolled in an acceptable insurance plan to have insurance coverage. Otherwise, please wait until you have insurance coverage.

**Please read these instructions carefully!** Your information will be reviewed by SHS staff. Immunization records are processed in order of receipt. You will be notified, via Duke Email secure message, of compliance or if additional information is needed. **DO NOT WAIT To Submit your records. Late, incomplete or inaccurate information may delay registration. You will be notified when your records received. Please allow up to 30 days to allow for processing.**

### **The following 4 steps are MANDATORY:**

**Step 1:** Have a doctor's office, clinic or health department complete the Mandatory Immunization Requirements Form

**Step 2:** Complete the Mandatory Tuberculosis Screening Questionnaire (Duke performs targeted TB testing)

**Step 3:** Log into the SHS portal (red  entitled) "Student Health Gateway" <http://studentaffairs.duke.edu/studenthealth> using your

Net ID and password, verify your identity by entering your date of birth, then Click the "Forms" tab on the left menu bar and complete the following online forms:

- Duke University HIPAA Agreement and Consent to Treat
- Health History Form
- Immunizations Page in EMF Forms

**Step 4:** Submit the completed Mandatory Immunization Requirements Form and TB Screening Questionnaire via:

**Email:** [immunizationrecords@studentaffairs.duke.edu](mailto:immunizationrecords@studentaffairs.duke.edu) **OR** **Fax:** 1.919.681.7386 **OR**

**Postal Mail:** Duke Student Health Services **Attn:** Immunization Department DUMC Box 2899, Durham, NC 27710

**IMPORTANT! You MUST enter your Immunization and TB history online via the STUDENT HEALTH GATEWAY before you send your completed forms. PLEASE KEEP A COPY OF YOUR IMMUNIZATION RECORDS!**

*It may take up to 30 days for Duke SHS staff to verify your information.*

**Duke University Mandatory Immunization Requirements Form for Health Science Students**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

ENROLLMENT STATUS  ONE  Medical  Nursing  Doctor of PT  Physician Assistant  Pathology Assistants  Ophthalmic Tech

**Tetanus/diphtheria toxoid (DT/DTaP/DTP/Td) 2 doses and a Tdap Booster REQUIRED:** 3 total doses are required; one dose must be given within the past 10 years. Td is a different vaccine, and does not substitute for Tdap which became available in the U.S. June 2005.

**Titers are NOT accepted in lieu of vaccine.**

DTaP/ DTP/ DT/ Td #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ **Tdap booster REQUIRED** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MMR (Measles, Mumps, Rubella) 2 doses REQUIRED:** Both doses must be given at least 28 days apart and after 12 months of age. If given as single antigen vaccine, you must have 2 Measles (Rubeola), 2 Mumps and 1 Rubella (German Measles) **OR** positive MMR IgG antibody titer (**laboratory report must be attached**). Vaccine doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.

MMR #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ MMR #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR list single antigen vaccines below**

Measles #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, Measles #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, Mumps #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, Mumps #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, Rubella #1 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hepatitis B 3 dose series AND positive Hepatitis B surface antibody (HBsAb) quantitative titer REQUIRED:** If the titer is not positive a second 3 dose Hepatitis B series must be completed. Then repeat the (HBsAb) titer 2 months after completion of the 2<sup>nd</sup> 3 dose series. Note – if the student does not have an adequate HBsAb after the second 3 dose series the student is considered a non-responder and further medical assessment and evaluation is indicated by a medical provider.

**\*\*\*NOTE: All titers must include a lab report.\*\*\***

**Additional vaccinations in response to negative/equivocal titer result**

(ONE)  Hepatitis B **OR**  Hepatitis A/B combo (Twinrix)

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**AND**

Include full lab report for Hepatitis B Quantitative Surface Antibody Titer

(ONE)  Hepatitis B **OR**  Hepatitis A/B combo (Twinrix)

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**AND**

Include full lab report for repeat Hepatitis B Quantitative Surface Antibody Titer

**History of Chicken Pox Illness AND Positive IgG titer OR 2 doses of varicella-containing vaccine given on or after 12 months of age and at least 28 days apart AND Varicella IgG titer REQUIRED:** Students without a history of disease, with one prior dose of vaccine, or with a negative antibody titer should receive a total of two doses of vaccine followed by a Varicella IgG titer 2 months after receiving the 2<sup>nd</sup> dose. If your varicella titer result is negative, make sure the correct titer was performed, IgG, not IgM. **\*\*\*NOTE: All titers must include a lab report.\*\*\***

Illness \_\_\_\_/\_\_\_\_/\_\_\_\_ **or** Varicella Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ **AND** **Include full lab reports for Varicella Titers**

**Recommended Vaccines (not required):**

Seasonal Influenza \_\_\_\_/\_\_\_\_/\_\_\_\_ Meningococcal \_\_\_\_/\_\_\_\_/\_\_\_\_ Pneumococcal \_\_\_\_/\_\_\_\_/\_\_\_\_

Gardasil #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ Cervarix #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Travel Vaccines (not required):** Hepatitis A #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Yellow Fever \_\_\_\_/\_\_\_\_/\_\_\_\_ Polio Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Rabies #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_, #3 \_\_\_\_/\_\_\_\_/\_\_\_\_, #4 \_\_\_\_/\_\_\_\_/\_\_\_\_

IXIARO #1 \_\_\_\_/\_\_\_\_/\_\_\_\_, #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Typhoid (IM) \_\_\_\_/\_\_\_\_/\_\_\_\_ Typhoid (Oral) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Form must be completed by a MD, DO, PA, NP, RN or LPN. Official stamp from a doctor's office, clinic or health department AND an authorized signature must appear on this form.**

Provider Name (print): \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address/Official Stamp Here: \_\_\_\_\_

**Email: [immunizationrecords@studentaffairs.duke.edu](mailto:immunizationrecords@studentaffairs.duke.edu) OR Fax: 1.919.681.7386 OR**

**Postal Mail: Duke Student Health Services Attn: Immunization Department DUMC Box 2899, Durham, NC 27710**

Duke University Mandatory Immunization Requirements Form for Health Science Students

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

TB testing must be completed in the U.S. Within the 12 months preceding the 1st day of classes. ALL Students: You must complete Sections A and B and submit form along with the mandatory immunization requirements form. International Students: Section C will be completed at Duke Student Health Services once you arrive.

SECTION A: Tuberculosis (TB) Exposure Risk

- 1. Do any of the following conditions or situations apply to you?
a) Do you have a persistent cough (3 weeks or more), fever, night sweats, fatigue, loss of appetite or weight loss? YES NO
b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES NO
c) Have you ever lived, worked or volunteered in any homeless shelter, prison/jail or healthcare facility? YES NO
2. Were you born in, or have you lived, worked or traveled to one or more of the following countries listed in the box below for >1 month? If yes, Where? How long?

Afghanistan, Albania, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Cabo Verde, Cambodia, Cameroon, Chad, China, Colombia, Comoros, Congo, Cote D'Ivoire, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Gambia, Ghana, Guatemala, Guam, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, India, Indonesia, Iran (Islamic Republic of), Iraq, Japan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Niue, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, Taiwan, Tanzania, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Vietnam, Yemen, Zambia, Zimbabwe.

- 3. Have you ever had a positive Tuberculin Skin Test (TST/PPD) OR positive TB blood test (IGRA)? YES NO
- If you had a positive Tuberculin Skin Test or positive TB blood test, have you had a chest x-ray in the past 12 months? YES NO
- Have you had treatment for latent TB? YES NO If yes, please list Start Date End Date

Section B: Bacille Calmette-Guerin History: Have you ever received the BCG vaccine? YES NO

If yes, TB blood test IGRA is the preferred method of testing.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

SECTION C: Must be completed by a MD, DO, PA, NP, RN or LPN. ALL TESTING (CXR/TST/IGRA) MUST BE COMPLETED IN THE U.S. WITHIN THE 12 MONTHS PRECEDING THE FIRST DAY OF CLASSES! Students who have received the BCG vaccine, an IGRA, either QuantiFERON (QFT-G) or T-Spot, is preferred. If a student has recently received a live virus vaccine, TB testing should be delayed for 4 weeks. If TST or IGRA is positive, a Chest x-ray is REQUIRED. Anyone with a positive TST or IGRA with no signs of active disease on chest x-ray should receive recommendation to be treated for latent TB.

Tuberculin Skin Test Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_ # of mm induration OR

QFT-G Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR T-Spot Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MUST ATTACH FULL LAB REPORT)

Date of Chest X-ray (CXR): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MUST ATTACH RADIOLOGY REPORT)

Provider Name (print): \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address/Official Stamp Here: \_\_\_\_\_

Email: immunizationrecords@dm.duke.edu OR Fax: 1.919.681.7386 OR Postal Mail: Duke Student Health Services Attn: Immunization Department DUMC Box 2899, Durham, NC 27710