

MUSC SHS Pre-Matriculation Requirements Worksheet

Requirement	Document Required	Uploaded
<p>Tuberculosis screening (within 3 months of start of school)</p>	<p align="center">QuantiFERON Blood Test or T-Spot Blood Test (blood tests are preferred)</p> <p align="center">OR</p> <p align="center">TB skin tests (also called PPDs) 1-3 weeks apart (placement and reading with results for both)</p>	<p align="center"><input type="checkbox"/></p>
<p>Rubeola/Red Measles (MMR vaccines)</p>	<p align="center">Lab Report of Rubeola (Measles) IgG Quantitative Titer demonstrating immunity to Rubeola/Measles</p> <p align="center">OR</p> <p align="center">Date of dose #1 must be on or after 1st birthday AND after 12/31/67 Date of dose #2 at least 30 days after dose #1</p>	<p align="center"><input type="checkbox"/></p>
<p>Mumps (MMR vaccines)</p>	<p align="center">Lab Report of Mumps IgG Quantitative Titer demonstrating immunity</p> <p align="center">OR</p> <p align="center">Date of dose #1 must be on or after 1st birthday AND after 12/31/67 Date of dose #2 at least 30 days after dose #1</p>	<p align="center"><input type="checkbox"/></p>
<p>Rubella/German Measles (MMR vaccines)</p>	<p align="center">Lab Report of Rubella IgG Quantitative Titer demonstrating immunity</p> <p align="center">OR</p> <p align="center">Date of dose #1 must be on or after 1st birthday Date of dose #2 at least 30 days after 1st dose</p>	<p align="center"><input type="checkbox"/></p>
<p>Varicella (Chicken Pox)</p>	<p align="center">Lab Report of Varicella IgG Quantitative titer demonstrating immunity to Varicella</p> <p align="center">OR</p> <p align="center">Date of dose #1 Varivax/Chicken Pox vaccine after 03/17/1995 Date of dose #2 Varivax/Chicken Pox vaccine given 28 days after dose #1 <i>*Documented Chicken Pox Disease is not accepted as immunity.</i></p>	<p align="center"><input type="checkbox"/></p>
<p>Tetanus/Diphtheria/Pertussis (Adult Tdap)</p>	<p>An adult Tdap on or after 6/10/2005. If it has been more than 10 years since your last adult Tdap you will need to show proof of a current Td or Tdap vaccine.</p>	<p align="center"><input type="checkbox"/></p>

Flu Vaccine	<p>Due to the nature of the flu vaccine, requirement and deadline depend on enrollment term.</p> <p>Spring Enrollment (January): Required upon entry</p> <p>Summer Enrollment (May-July): Requirement deferred until September</p> <p>Fall Enrollment (August): Current Flu shot available in September</p>	<input type="checkbox"/>
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Meningococcal	Signed Meningococcal Form online at LifeNet.musc.edu click on Medical Clearances	
<p>Vaccines accepted:</p> <p><u>Unconjugated:</u> (Menomune/MPSV4)</p> <p><u>Conjugated:</u> (Menactra, Menveo, MenQuadfi)</p>	<p><i>Read all information about the meningitis disease and vaccines. Select if you will be providing vaccination proof or declining. Enter your full name on the signature line. Input the date and check the box acknowledging completion. Then click submit.</i></p>	<input type="checkbox"/>

<p>Hepatitis B vaccine series-</p> <p>Enerix -B or Recombivax HB series: Given 0M,1M & 6M</p> <p style="text-align: center;">OR</p> <p>Heplisav -B series given 0M and 1M</p>	Copy of original documentation of Hepatitis B series (series usually designated "peds/adol" when given in early childhood)	<input type="checkbox"/>
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<p>Hepatitis B Surface Antibody (IgG) Quantitative Titer HBsAg\geq10mIU/mL</p> <p><i>Note: All Clinical MUSC students are required to show immunity to Hepatitis B</i></p>	Lab Report of Hepatitis B Surface Antibody (IgG) Quantitative titer demonstrating Immunity	<input type="checkbox"/>
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IF YOUR HEP B TITER (HBsAb IgG) RESULTS ARE:

Non-immune (Antibody level < 10mIU/mL)	booster, followed by a repeat titer (1 month after booster) to check immunity after booster	<input type="checkbox"/>
Immunity detected (positive for antibodies \geq 10mIU/mL)	No further action required	<input type="checkbox"/>