MUSC
Medical University
of South Carolina

Student Health Services
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MUSC Student Pre-Matriculation Requirements

Instructions for Completion of Form

All MUSC students, including full-time, part-time, distance, current employees, or returning former students, are required to submit the following information. The Mandatory Immunization Requirements Form and supporting documentation must be completed and received by Student Health Services before students will be allowed to attend classes. Maintaining these high standards is done to protect the safety of the students, staff, and patients.

1. **Measles, Mumps, Rubella –** proof of age-appropriate immunization **OR** immune antibody titers.

Immunization requirements can be met by providing documentation of 2 MMR vaccines received on/after age of 12 months, and both after 12/31/1967. Students born before 12/31/1956 can submit documentation of one MMR dose given after 12/31/1967. **OR**

Immune Antibody Titers - Copy of lab report demonstrating immune antibody titers (IgG) to Measles, Mumps, and Rubella. Lab report should be quantitative and/or specify if test results are in immune range.

2. **Varicella (Chicken Pox) Immunity**

- Documentation of two Varicella vaccines
  OR
- Copy of lab report demonstrating immune antibody titers (IgG) to Varicella. Lab report should be quantitative and/or specify if test results are in immune range.

3. **Tetanus-diphtheria-acellular pertussis (Tdap) –** students are to have completed the childhood DPT series within current CDC guidelines and provide documentation of having received an adult **Tdap** booster on or after 5/3/2005. Once adult Tdap booster has been received, students may resume regular Td boosters every 10 years. Students with a documented allergic reaction to the pertussis vaccine need to provide a letter from their medical provider detailing the nature of their reaction and the contraindication to receiving the vaccine.

4. **Meningitis Vaccine (A,C,W,Y)** – initial or booster dose must be on or after 16th birthday. Documentation of vaccine or signed waiver is required .

5. **Hepatitis B Vaccination –** is required for students who may have exposure to blood or human body fluids during their academic coursework. Unvaccinated students should initiate the hepatitis B vaccine series prior to or during their first semester at MUSC. Previously immunized students must provide proof of the primary hepatitis B series (3 vaccines) **AND** a Quantitative Hepatitis B surface Antibody titer (preferably drawn 4-8 weeks after the final dose). Lab report should specify if test results are in the desired immune range (≥ 10 mIU/mL). If the hepatitis B titer is non-immune (negative or equivocal) immediately after completion of the primary vaccine series, then complete a second hepatitis B series followed by a repeat titer. Individuals who failed to develop immunity after their primary hepatitis vaccine series should consider receiving the newer Heplisav-B vaccine series (2 vaccines given one month apart), which contains a novel adjuvant which stimulates a stronger immune response compared to the standard recombinant hepatitis B vaccines (Engerix-B, Recombivax HB). Heplisav-B vaccination stimulated sero-protective antibody levels in 95.4% of recipients versus 81.3% sero-protective antibody levels in those who received the standard recombinant hepatitis B vaccine. Many who completed their primary hepatitis B series during infancy will have a negative hepatitis antibody titer when first tested as an adult, often due to waning antibody levels over time. In this population, it is acceptable to receive a fourth hepatitis B vaccine "booster" followed by a hepatitis antibody titer 4-6 weeks later. If this hepatitis B titer is immune (≥ 10 mIU/mL), then no further hepatitis vaccines are needed. If the titer is negative, then the second vaccine series should be completed, followed by a hepatitis B antibody titer. If the hepatitis B antibody titer is negative

after 2 completed hepatitis B vaccine series, then testing for chronic hepatitis B infection is required (Hepatitis B surface Antigen and Hepatitis B core Antibody).

6. **COVID-19 Vaccination** - **COVID vaccination is not required for a student to be admitted to MUSC.** At this time we have returned to normal operations. Learn more about MUSC's vaccine policy for students.

7. TB Screening - TB screening tests (TB Skin Test or Blood Assay) are **required** of all students regardless of prior BCG vaccination.

- TB Blood Assays (QuantiFERON-TB Gold® or T-SPOT®) are the preferred screening tests for most persons (more accurate screening method, requires a single visit for blood collection, less $ than 2 TB Skin Tests, unaffected by previous BCG vaccination, covered by most insurance plans).
- TB Skin Testing is an acceptable alternative, though has some drawbacks, including more prone to errors in placement and interpretation, requires 4 trips to complete 2-step testing (which is often less cost effective than a single TB Blood Assay). Do not have a TB skin test placed within 28 days of receiving a live vaccine (MMR or Varicella) – this can give a false negative result.

Previous history of previous positive TB skin testing (≥ 10 mm induration) or (+) TB Blood Assay **must** be accompanied by documentation of the evaluation and treatment of this condition.

A. Negative Baseline Tuberculosis Screening Tests – persons with negative TB testing need one of the following:

- Blood Assay for Tuberculosis (Interferon Gamma Release Assay/IGRA) within 3 months of enrollment: QuantiFERON-TB Gold® or T-SPOT®
- Two (2) tuberculosis skin tests (Mantoux 5 TU Tuberculin Skin Tests) administered 1 – 3 weeks apart, and both within 3 months of enrollment.
- History of recent TB Skin Testing – persons who have had previous TB skin testing within 12 months of enrollment can submit documentation of this test, along with an additional TB skin test given within 3 months of enrollment.

B. Positive TB Testing/Latent Tuberculosis Infection – new or previous (+) TB skin test or Blood Assay with negative Chest X-ray. The majority of healthy persons infected with tuberculosis are able to contain the initial infection, though viable TB microorganisms will remain present in their lungs for the rest of their life (latent tuberculosis infection or LTBI). Persons with LTBI are asymptomatic, not contagious, and will have a normal chest x-ray. Their only evidence of infection will be a positive TB skin test and/or blood assay (BAMT). Therefore, **a negative chest x-ray does not rule out the presence of TB or the need for treatment**. About 5-10% will develop active pulmonary tuberculosis at some point in their life, most often during the first few years after infection. Anti-tuberculosis medication decreases the chance of developing active TB infection by up to 90%. Persons with (+) skin tests and/or blood assays for TB **are required** to have been evaluated by the health department to determine their TB status and the need for preventive treatment. Provide:

- Documentation of your TB testing (TB Skin Test or Blood Assay)
- Chest X-ray Report (done after + TB testing) *Foreign-born students with positive TB skin testing who have received the BCG vaccine, should get a Blood Assay for Tuberculosis/ BAMT (*QuantiFERON® TB Gold* or *T-SPOT*) for further evaluation. If BAMT is positive for TB, then a chest x- ray, TB Symptom Survey, and evaluation by the Health Department is required. If BAMT is negative, it may obviate the need for getting a chest x-ray.
- TB Symptom Survey
- Evaluation by the health department +/- the records of your preventive treatment. If LTBI is not treated, provide reason.

C. History of Active Tuberculosis - Required documentation includes:

- Documentation of positive TB test (TB Skin Test or Blood Assay)
- Chest X-ray Report (done after + TB test)
- TB Symptom Survey
- Health Department records of your TB treatment (Medications, Dates of Treatment, etc.).

8. **Influenza (Flu) Vaccine*** - is a mandatory vaccine for students who will be on MUSC campus from November through May. The seasonal flu vaccine is usually released by about September, ahead of the flu season, and is composed of viruses that are predicted to be circulating the fall of the year the vaccine is released through spring of the following year. So, while it is not a pre-matriculation requirement for students enrolling in the Summer (May-July) or Fall (August), it is mandatory for those students to have received it by November*. Vaccines from previous flu seasons will not satisfy this mandatory vaccine requirement.

*some colleges may have a different fall due date to accommodate clinical rotation sites

Name:_____Date of Birth:_____College:_____

MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA

INSTRUCTIONS FOR COMPLETION OF IMMUNIZATION FORM

Acceptable Documentation:

- Medical records from the provider that administered the immunizations, state issued records, employee health records and immunizations administered at a college. Previous college health forms are only acceptable for the vaccines they administered. Supporting documentation must be included for every vaccine required.
- Immunization documents must contain the signature or stamp of the providing facility, must be in English, and must be legible.
- All dates must include the month, day, year (mm/dd/yy).
- Copies of the original lab report (with values/indices/reference ranges which indicate if immunity is present) must accompany this form.

NOTE: Computer print-outs of transcribed titer results from a health clinic is not acceptable. Re-vaccination may be required for IgG Antibody titers that are non-immune. In lieu of antibody titers, documentation of age appropriate vaccination (MMR, Varicella) is acceptable proof of immunity.

Unacceptable Documentation:

- Lab reports with ambiguous results - Unacceptable results ("Reactive", "Antibody Detected", "Positive"), unless the reference range on the lab document indicates these results indicate immunity.
- Partial dates – must include month/day/year (mm/dd/yy).
- Parental signatures verifying vaccination.

MEDICAL CONTRAINDICATION TO REQUIRED VACCINES – a written statement from a qualified healthcare provider is required indicating the adverse reaction or medical circumstances for which immunization is not considered safe.

1 . MEASLES (Rubeola), MUMPS, RUBELLA (German Measles) IMMUNE IgG Antibody Titers (copy of lab report required) or MMR Vaccines as indicated below.

*Students born **on or after 01/01/1957 : Immune IgG MMR Titers or TWO MMR Vaccines received on or after age of 12 months AND both after 12/31/67**

*Students born **on or before 12/31/1956** : **Immune IgG MMR Titers or ONE MMR Vaccine received after 12/31/67**

ANTIBODY TITER	MONTH / DAY / YEAR	TITER RESULTS :			
Measles / Rubeola IgG		☐ Immune	☐ Equivocal / Borderline	☐ Negative / Non-Immune	☐ Lab Report Attached
Mumps IgG		☐ Immune	☐ Equivocal / Borderline	☐ Negative / Non-Immune	☐ Lab Report Attached
Rubella IgG		☐ Immune	☐ Equivocal / Borderline	☐ Negative / Non-Immune	☐ Lab Report Attached

MMR VACCINES	MONTH / DAY / YEAR	Verifying Documentation Attached
#1 Measles---Mumps---Rubella		
#2 Measles---Mumps---Rubella		

2. VARICELLA (CHICKEN POX) IMMUNE IgG Antibody Titer (copy of lab report required) OR VACCINATION - 2 Varicella Vaccines (*Varivax*)given 4-8 weeks apart). *Varivax* first available 3/17/95.

ANTIBODY TITER	MONTH / DAY / YEAR	TITER RESULTS : Negative / Equivocal / Borderline / Indeterminate Titer requires vaccination.			
Varicella IgG Titer:		☐ Immune	☐ Equivocal / Borderline	☐ Negative / Non-Immune	☐ Lab Report Attached

VARICELLA VACCINES	MONTH / DAY / YEAR	Verifying Documentation Attached
#1 Varivax		
#2 Varivax		

3. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap): "*Adacel" or "Boostrix*") first available 5/3/2005.

After a one-time dose of ADULT Tdap , Tetanus/Diphtheria (Td) boosters can be resumed. ONLY Exception for Tdap requirement is documentation of PERTUSSIS ALLERGY from healthcare provider.

TETANUS VACCINES	MONTH / DAY / YEAR	Verifying Documentation Attached
Tetanus/Diphtheria/Pertussis (Tdap)		
Tetanus/Diphtheria (Td)		

4. Meningitis Vaccine
Proof of Vaccination after age 16 OR Signed Waiver

MONTH / DAY / YEAR

☐ Menactra ☐ Menveo ☐ Menomune ☐ Unknown **(Attach Documentation of Vaccination)**

☐ I do not wish to receive the meningococcal vaccine. I have read the information and completed the on-line form at https://lifenet.musc.edu

5. Hepatitis B Vaccine Series AND Immune Titer: Required for individuals who may have exposure to blood or human body fluids (Patient Care, Lab duties, etc.)

Primary Hepatitis B Vaccine Series	**Dose #1** ____/____/____ MONTH/ DAY / YEAR	**Dose #2** ____/____/____ MONTH/ DAY / YEAR	**Dose #3** ____/____/____ MONTH/ DAY / YEAR	☐ Attach documentation of vaccination
	Hepatitis B Surface IgG Antibody Titer Date_____	☐ Immune Titer _____mIU/mL Titer Result	**Non – Immune Titer** ☐ Equivocal/Borderline ☐ Negative; Equivocal or Negative Titers – see Page 1	☐ Lab Report Attached

Secondary Hepatitis B Vaccine Series (If Non-Immune After Primary Series)	**Dose #4** ____/____/____ MONTH/ DAY / YEAR	**Dose #5** ____/____/____ MONTH/ DAY / YEAR	**Dose #6** ____/____/____ MONTH/ DAY / YEAR	☐ Attach documentation of vaccination
	Hepatitis B Surface IgG Antibody Titer Date_____	☐ Immune Titer _____mIU/mL Titer Result	**Non – Immune Titer** ☐ Equivocal/Borderline ☐ Negative; Equivocal or Negative Titers – see Page 1	☐ Lab Report Attached
Hepatitis B Vaccine Non-responder (If Hepatitis B Surface Antibody Negative after Primary and Secondary Series)	**Date:**	Hepatitis B Surface Antigen (If 2nd titer is negative)	**(Attach Lab Report)**	
	Date:	Hepatitis B Core Antibody (If 2nd titer is negative)	**(Attach Lab Report)**	
Chronic Active Hepatitis B	**Date:**	Hepatitis B Surface Antigen	**(Attach Lab Reports)**	
	Date:	Hepatitis B Viral Load (PCR)		

Name:_____Date of Birth:_____College: _____

Tuberculosis Screening

All students must complete one of the TB Sections (A, B, or C) below. Results of TB screening tests (TB Skin Test or Blood Assay) **required** of all students regardless of prior BCG vaccination. Do not have a TB skin test placed within 28 days of receiving a live vaccine (MMR or Varicella) – this can give a false negative result. Follow instructions on cover sheet to complete the appropriate section on this form.

SECTION A	**Negative Baseline Tuberculosis Screening**			
	Date Placed	**Date Read**	**Result**	**Documentation**
TB Skin Test #1	____/____/_____	____/____/_____	_____ mm Induration ϒ Pos ϒ Neg ϒ Equiv	ϒ Copy of Report Attached
Skin TB Test #2	____/____/_____	____/____/_____	_____ mm Induration ϒ Pos ϒ Neg ϒ Equiv	ϒ Copy of Report Attached
TB Blood Assay	**Date**		**Result**	
ϒ *QuantiFERON® TB Gold* ϒ *T-SPOT*	____/____/_____		ϒ Negative ϒ Indeterminate	ϒ Copy of Report Attached

SECTION B	**Positive TB Testing With Negative *Chest X-Ray**			
Positive TB Testing	*Persons born outside the US who have received the BCG vaccine are required to provide documentation of TB screening tests. Those with + TB skin tests should receive a TB Blood Assay (*Quantiferon* or *T-Spot*). If TB Blood Assay is +, then a chest x-ray, TB Symptom Survey, and evaluation by Health Department are required prior to enrollment.			
TB Skin Test (≥ 10 mm) And/Or TB Blood Assay	Date Placed ____/___/_____	Date Read ____/____/_____	Result ____ mm Induration	ϒ Copy of Report Attached
	Test ϒ *QuantiFERON® TB Gold* ϒ *T-SPOT*	Test Date ____/____/_____	Results _____	ϒ Copy of Report Attached
Chest X-Ray (CXR) (Taken after + TB Test)	Date of CXR ____/____/_____	CXR Reading: ϒ Normal (No Evidence of TB) ϒ Abnormal		ϒ Copy of Report Attached
Health Dept Evaluation?	ϒ YES ϒ NO	Date of Evaluation: ____/____/_____	Recommendation:	ϒ Copy of Report Attached
Prophylactic Treatment For Latent TB?	ϒ YES ϒ NO _____ Provide Reason Not Treated	Tx Started:___/___/____ Tx Ended: ___/__ /___	Medication(s): _____	ϒ Copy of Report Attached
TB Symptom Survey	Date Of Survey: ____/____/_____	Any "Yes" Responses to Symptoms on TB Survey? ϒ Yes ϒ No		ϒ Copy of Survey Attached

Section C	**History of Active Tuberculosis Infection**			
TB Skin Test (≥ 10 mm)	Date Placed ____/___/_____	Date Read ____/____/_____	Result ____ mm Induration	ϒ Copy of Report Attached
TB Blood Assay	**Test** ϒ *QuantiFERON® TB Gold* ϒ *T-SPOT*	Test Date ____/____/_____	Results _____	ϒ Copy of Report Attached
Chest X-Ray (CXR) (Taken after + TB Test)	Date of CXR ____/____/_____	CXR Reading: _____		ϒ Copy of Report Attached
Report from Health Department Required	Date of Evaluation: ____/____/_____		Recommendation:	ϒ Copy of Report Attached
TB Treatment	Medication(s):	Tx Started:_____/_____/_____ Tx Ended:_____/_____/_____		ϒ Copy of Health Dept Report
TB Symptom Survey	Date Of Survey: ____/____/_____	Any "Yes" Responses to Symptoms on TB Survey? ϒ Yes ϒ No		ϒ Copy of Survey Attached

Name:_____Date of Birth:_____College: _____

OPTIONAL IMMUNIZATION DOCUMENTATION

Immunization requirements may vary for students doing clinical rotations at institutions outside MUSC or who will be participating in foreign travel (e.g. medical mission trips, etc.). Some will require documentation of childhood vaccine series (Polio, DPT, etc.). Having this documentation available will assist Student Health complete the necessary forms to clear you for these activities. If you anticipate participation in clinical activities outside MUSC and would like to have this information available to Student Health, please provide documentation of these immunizations and complete the following section(s).

Diphtheria/Tetanus/Pertussis – Initial Childhood Series
Diphtheria/Tetanus/Pertussis – Initial Childhood Series
DPT / DTaP / TD (circle one) Date Administered_____/_____/ _____
DPT / DTaP / TD (circle one) Date Administered_____/_____/ _____
DPT / DTaP / TD (circle one) Date Administered_____/_____/ _____
DPT / DTaP / TD (circle one) Date Administered_____/_____/ _____
DPT / DTaP / TD (circle one) Date Administered_____/_____/ _____

Polio Series
Polio
OPV / IPV (circle one) Date Administered_____/_____/ _____
OPV / IPV (circle one) Date Administered_____/_____/ _____
OPV / IPV (circle one) Date Administered_____/_____/ _____
OPV / IPV (circle one) Date Administered_____/_____/ _____
OPV / IPV (circle one) Date Administered_____/_____/ _____

Covid- 19	
Date Administered_____/_____/ _____	Vaccine Name:
Date Administered_____/_____/ _____	Vaccine Name:
Date Administered_____/_____/ _____	Vaccine Name:
Date Administered_____/_____/ _____	Vaccine Name:

Name:_____Date of Birth:_____College: _____

Hepatitis A		
	Dose 1	Dose 2
Month/Day/Year Of Vaccine	____/____/ ____	____/____/ ____
	❒ HAVRIX ❒VAQTA	❒ HAVRIX ❒VAQTA

Human Papilloma Virus (HPV) ☐ *Cervarix* **(2vHPV)** ☐ *Gardasil* **(4vHPV)** ☐ *Gardasil* **(9vHPV)**

	Dose 1	Dose 2	Dose 3
Month/Day/Year Of Vaccine	____/____/ ____	____/____/ ____	____/____/ ____

Other Vaccines	
	Date (mm/dd/yyyy) Partial dates are not accepted
Pneumococcal Vaccine	
Pneumovax 0.5 cc	_____ /_____/ _____
Pneumovax 0.5 cc	_____ /_____/ _____
Other Vaccines	
IPOL (Inactivated Polio Vaccine) 0.5cc Adult Booster	_____ /_____/ _____
Typhoid Oral Vaccine (Ty21a) x 4 capsules	_____ /_____/ _____
Typhim Vi (ViCPS) 0.5cc	_____ /_____/ _____
Yellow Fever Vaccine (YF-VAX) 0.5cc	_____ /_____/ _____
Miscellaneous Vaccines	Please attach any additional vaccines with vaccine/dates/verification information.

*Upload your completed form and documentation to Lifenet at https://lifenet.musc.edu by selecting "MEDICAL CLEARANCES" on the left-hand column on the home screen. Here you will see each of the requirements listed and a button where you can "UPDATE" them. Click the "UPDATE" button next to each requirement and enter the dates of your immunizations, titers, and TB tests or answer the questions presented. You are also required to upload the documentation to support the dates you entered. To do this you will click on the "UPDATE" button next to the "IMMUNIZATION RECORDS" requirement then click on the "UPLOAD" button inside and add your files.

*Once you have entered your information and uploaded the form and documentation, a member of the Student Health staff will review your immunizations for compliance and you will be notified through Lifenet messaging if your records are complete or if you have any deficiencies.

*If you still have questions after reading the directions and the pre-matriculation form carefully, please send an email to shsimmunizations@musc.edu