

## MUSC Student Health Services Pre-Matriculation Requirements

- Important: Immunization documents **MUST** be copies of **ORIGINAL** documentations.
- Immunization records from other schools are **NOT** acceptable **UNLESS** the vaccine was administered at that school.
- Student health can provide orders for vaccines and titers. If your insurance does not cover the cost, Student Health offers self-pay testing vouchers at a reduced price to have these drawn at any LabCorp location. Our office number is 843-792-3664.

Requirement	Document required
<b>Tuberculosis screening within 3 months of start of school</b>	<ul style="list-style-type: none"> <li>○ QuantiFERON Blood Test or T-Spot Blood Test (<b>Preferred</b>)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ 2 TB skin tests 1-3 weeks apart (placement and reading with results for both)</li> </ul>
<b>Rubeola/Red Measles</b> (MMR vaccines)	<ul style="list-style-type: none"> <li>○ Lab Report of Rubeola (Measles) IgG Quantitative Titer demonstrating immunity to Rubeola/Measles (ABSN must have titer and vaccine series)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Date of dose #1 (mm/dd/yy) must be on or after 1<sup>st</sup> birthday AND after 12/31/67</li> <li>○ Date of dose #2 (mm/dd/yy) at least 30 days after dose #1</li> </ul>
<b>Mumps</b> (MMR vaccines)	<ul style="list-style-type: none"> <li>○ Lab Report of Mumps IgG Quantitative Titer demonstrating immunity (ABSN must have titer and vaccine series)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Date of dose #1 (mm/dd/yy) must be on or after 1<sup>st</sup> birthday AND after 12/31/67</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>○ Date of dose #2 (mm/dd/yy) at least 30 days after dose #1</li> </ul>
<b>Rubella/German Measles</b> (MMR vaccines)	<ul style="list-style-type: none"> <li>○ Lab Report of Rubella IgG Quantitative Titer demonstrating immunity (ABSN must have titer and vaccine series)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Date of dose #1 (mm/dd/yy) must be on or after 1<sup>st</sup> birthday</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>○ Date of dose #2 (mm/dd/yr) at least 30 days after 1<sup>st</sup> dose</li> </ul>
<b>Tetanus/Diphtheria/Pertussis</b> (Adult Tdap) on or after 6/10/2005	<ul style="list-style-type: none"> <li>○ Date prior to 6/10/2005- Adult Tdap not available</li> </ul>
<b>Varicella (Chicken Pox)</b>	<ul style="list-style-type: none"> <li>○ Lab Report of Varicella IgG Quantitative titer demonstrating immunity to Varicella/Chicken Pox</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Date of dose #1 Varivax/Chicken Pox vaccine (mm/dd/yy) after 3/17/1995</li> <li>○ Date of dose #2 Varivax/Chicken Pox vaccine (mm/dd/yy) given 28 days after dose #1</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Documented Chicken Pox Disease- Need Varicella IgG titer demonstrating immunity to Varicella</li> </ul>
<b>Hepatitis B vaccine series-</b> Engerix -3 series given 0M,1M & 6M or Hepilisav -2 series given 0M and 1M (Approved-Feb 2017)	<ul style="list-style-type: none"> <li>○ Copy of original documentation of Hepatitis B series</li> </ul>
Hepatitis B IgG Surface Antibody Quantitative Titer  <b>(NOTE: Clinical MUSC students are required to show Immunity to Hepatitis B)</b>	<ul style="list-style-type: none"> <li>○ Lab Report of Hepatitis B IgG Surface Antibody Quantitative titer demonstrating Immunity</li> </ul> <p><b>NOTE: If your Hepatitis B titer is negative/not immune, you will need a Hepatitis B Vaccine booster followed by repeat Hepatitis titer one month later. If your repeat titer remains negative, you will be required to complete your Hepatitis B series followed by a titer one month after the last vaccine is given</b></p>
Meningococcal (Proof of vaccine after age 16 or signed waiver)	<ul style="list-style-type: none"> <li>○ Vaccines: Menactra, Meneveo, Menomune or Unknown <b>OR</b></li> <li>○ Signed waiver online at LifeNet.misc.edu</li> </ul>
Flu Vaccine	<ul style="list-style-type: none"> <li>○ Only Required for students starting school in <b>January</b></li> </ul>