



## University of the Virgin Islands School of Medicine

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| Policy Name and Section:<br><b><i>UVISOM Immunization Policy</i></b>                      | Effective Date:  | UVISOM Policy Number:<br><b><i>023</i></b>   |
| Responsible Authority:<br><b><i>Associate Dean for Student Affairs and Admissions</i></b> | UVISOM Document where Policy Available:<br><b><i>UVISOM Student Handbook</i></b> | Approval Body and Date:<br><b><i>Executive Council, Self-Study Committee, Curriculum Committee</i></b> |

All UVISOM matriculating students are required to have completed a current physical examination and certain immunizations as required by the University of the Virgin Islands School of Medicine (UVISOM). Students are not allowed to register without proper health information and documentation. The Physical Examination and Immunization Forms must be completed by the attending physician and returned to the UVISOM, Office of Student Affairs and Admissions, at the address specified on the forms. The immunization form provides specific, detailed requirements for immunizations and acceptable documentation.

All UVISOM Faculty in the Clinical Sciences will be required to be fully immunized according to the schedule below. All Basic Science Faculty and UVISOM Staff will be required to get an annual influenza vaccine.

Each new student accepted for admission must submit, prior to registration, a completed Immunization form. All students, regardless of age, must complete and return the Immunization Form to be reviewed for compliance. This includes documented proof of immunity to Measles (Rubeola) and German Measles (Rubella), and either proof of immunization against Meningitis and Hepatitis B, or a signed waiver declining these two vaccines.

Students will not be able to register for classes without completing this requirement. If a student has certain medical conditions and/or contradictions to a vaccine, the student must contact the Office of Student Affairs and Admissions for his/her case to be handled on an individual basis.

Refer to the Immunization Form below for full list of required immunizations.



**UNIVERSITY OF THE VIRGIN ISLANDS SCHOOL OF MEDICINE**  
**Mandatory Immunization Health History Form**

NAME

DATE OF BIRTH (month/day/year)

E-MAIL ADDRESS

CELL PHONE NUMBER

UNIVERSITY ID #

**Required Immunizations** \*\*NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED\*\*

|   | Month/Day/Year | Month/Day/Year | Month/Day/Year | Titer Date & Result<br>Lab report(s) MUST be<br>attached |
|---|----------------|----------------|----------------|--|
| <b>1. MMR</b> (2 doses after 1 <sup>st</sup> birthday & at least 28 days apart) |                |                |                |  |
| <b>OR</b> Measles (two doses or titer required)                                 |                |                |                |  |
| Rubella (two doses or titer required)   |                |                |                |  |
| Mumps (two doses or titer required)   |                |                |                |  |
| <b>2. Hepatitis B</b> (3 doses + titer required)                                |                |                |                |  |
| <b>3. Meningococcal Meningitis Vaccine/MCV4</b><br>*(OR sign waiver below)      |                |                |                |  |

\*I have read the information about MCV4/ Meningococcal Meningitis and decline receipt of this vaccine.

SIGNATURE OF STUDENT

DATE

**Additional Required Immunizations/Documentation** \*\*NOTE: ALL TITERS MUST HAVE LAB REPORT ATTACHED\*\*

|   | Month/Day/Year | Month/Day/Year | Month/Day/Year | Titer Date & Result<br>Lab report(s) MUST be<br>attached |
|---|----------------|----------------|----------------|--|
| <b>4. TDAP</b> (Tetanus/Diphtheria/Pertussis)       |                |                |                |  |
| <b>5. Varicella</b> (Chicken Pox)                   |                |                |                |  |
| <b>6. 2 Step Tuberculin Skin Test</b><br>*(TST/PPD) |                |                |                |  |
| <b>7. Annual Influenza Vaccine</b>                  |                |                |                |  |

**\*Please refer to the attached sheet for specific instructions regarding the TST/PPD.**

An official stamp from a doctor's office, clinic, or health Department AND an authorized signature must appear on this form or on the official document(s) attached in order for the form to be accepted. If the doctor's office does not have an official stamp, the doctor's signature on a prescription pad is acceptable.

\_\_\_\_\_  
Official Office Stamp Here

\_\_\_\_\_  
Physician or Authorized Signature

\_\_\_\_\_  
Date

Please Check if:

You have type 1 (Insulin Dependent) DIABETES MELLITUS  
NO \_\_\_\_\_

YES \_\_\_\_\_

**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**

Mail or fax this page (and lab reports as needed) at least two (2) weeks prior to orientation.

Alternatively, student may provide a copy of their Immunization record reflecting the above listed vaccines.

### **Additional Immunization Requirements**

**Hepatitis B:** A series of three doses of vaccine are required. The vaccine is usually administered as a three-dose series on a 0-, 1-, and 6-month schedule. The 2<sup>nd</sup> dose should be given one month after the first dose; the 3<sup>rd</sup> dose should be given at least 2 months after the second dose and at least 4 months after the first dose.

**This requirement is not complete until there is serologic documentation of a positive (quantitative) Hepatitis B surface antibody titer following completion of the Hepatitis B vaccination series of three (3) injections.**

**Varicella (Chicken Pox):** This requirement is satisfied only by a positive titer OR the vaccine series of two immunizations (given 4 to 8 weeks apart).

**A history of chicken pox does not satisfy this requirement.**

**Tuberculin Skin Test (TST/PPD):** Documentation of two-step testing: Documentation of two Mantoux skin tests within 12 months preceding enrollment at UVISOM. The second test should be administered 1-3 weeks after the first test. However, if you have had a TST done within the last 12 months, only one TST needs to be done (even if it is more than 1-3 weeks after the first test).

If there is a history of positive PPD: Documentation of a current chest x-ray and the tuberculosis screening questionnaire is required for all persons with a history of a positive PPD skin test (within the past 12 months). Alternatively, you will need to either obtain a Quantiferon-Gold TB blood test or the T-SPOT IGRA blood test indicating a negative status for TB. This test will be submitted annually during the PPD screening period (prior to each subsequent academic year).

**Meningitis:** Persons aged 21 years or younger should have documentation of receipt of a dose of meningococcal conjugate vaccine not more than 5 years before enrollment. If the primary dose was administered before the 16<sup>th</sup> birthday, a booster dose should be administered before enrollment. Meningococcal vaccine is also recommended if you have a complement component immune deficiency, lack of a spleen, HIV, or for travel to areas of the world with high prevalence of meningococcal disease.

**Waiver for Meningitis Vaccine:** College students, especially freshmen living in residence halls, are at slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Three vaccines are currently available that decrease, but do not completely eliminate, a person's risk of acquiring meningococcal meningitis. This element of uncertainty remains because there are five (5) different serotypes (A, B, C, Y and W-135) and the current vaccines do not offer any protection from serotype B.

**Influenza Vaccine:** Influenza vaccine will be required on an annual basis. Students will be required to submit proof of flu vaccine every year to the Office of Student Affairs and Admissions