



**BAYLOR OCCUPATIONAL HEALTH**  
**Phone (713)798-7880 Fax (713)798-3364**

**IMMUNIZATION REQUIREMENTS FOR STUDENTS**

Requirements based on Texas Department of State Health Services, OSHA policy and Centers for Disease Control recommendations.

Tetanus/Diphtheria/ Pertussis:	Booster dose of tetanus-diphtheria-pertussis (Tdap) within last 10 years. A Td booster is not sufficient.
Measles (Rubeola):	Acceptable proof of prior immunization with 2 doses of vaccine on or after first birthday at least 30 days apart; or serologic confirmation of immunity
Mumps:	Acceptable proof of prior immunization with 2 doses of vaccine on or after first birthday at least 30 days apart; or serologic confirmation of immunity.
Rubella:	Acceptable proof of prior immunization with 2 doses of vaccine on or after first birthday at least 30 days apart; or serologic confirmation of immunity.
Tuberculosis:	All new students need to receive a PPD from Baylor Occupational Health, unless documentation of a positive test is provided. Only Mantoux results (in mm) or IGRA blood test are accepted. If positive, chest x-ray within a year of matriculation is required. An x-ray in lieu of a PPD test is not sufficient.
Hepatitis B:	Series of three: first dose, second dose 1 month after the first dose and third dose 5 months after second dose; or serologic confirmation of immunity
Varicella:	Serologic proof of immunity; or immunization (2 doses) at appropriate interval Self-report or physician report of disease is not sufficient
Meningitis:	Immunization within 5 years of your matriculation date; or Age >22
OHP Forms:	There are two forms to complete and return - TB Respirator Questionnaire (MD, PA, O&P students, Genetic Counseling and DNP only) - Acknowledgment of Receipt of Privacy Notice (“HIPAA” form. All students)
Declination:	Medical contraindication; or member of acknowledged religious group that does not allow immunization (with written letter from leader of group).



**Occupational Health  
Program**

**INCOMING STUDENT  
IMMUNIZATION RECORD**

**MD  
PA, O&P or Genetic  
Counseling  
DNP  
GSBS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**Complete form and attach supporting documentation. Please review Immunization Requirement form for detailed information on vaccine requirements.**

	DATE
<b>A. Tetanus-Diphtheria-Pertussis (Tdap)-</b> Td is not acceptable 1. _____ Tdap booster within the last 10 years. (attach record)	_____
<b>B. M.M.R. (Measles, Mumps, Rubella)</b> (please document each dose) 1. _____ Dose 1: Immunized at 12 months of age or after (attach record). 2. _____ Dose 2: Immunized at least 1 month after dose 1. (attach record)	_____ _____
<b>C. Measles (Rubeola)</b> - If given instead of M.M.R. check appropriate item 1. _____ Serologic proof of immunity (attach record). Or, 2. _____ Two doses of vaccine (attach record)	_____ _____
<b>D. Mumps</b> - If given instead of M.M.R. check appropriate item 1. _____ Serologic proof of immunity (attach record). Or, 2. _____ Two doses of vaccine (attach record)	_____ _____
<b>E. Rubella</b> - If given instead of M.M.R. check appropriate item 1. _____ Serologic proof of immunity (attach record). Or, 2. _____ Two doses of vaccine (attach record)	_____ _____
<b>F. Varicella (Chickenpox)-</b> History of disease is not acceptable 1. _____ Serologic proof of immunity (attach record). Or, 2. _____ Two doses of vaccine (attach record).	_____ _____
<b>G. Tuberculosis</b> 1. _____ You will be tested at Baylor. 2. _____ Had BCG vaccine. If yes, PPD still has to be done. 3. _____ If ever positive PPD (greater than 10 mm induration), provide record. Chest x-ray done within last year is required. Provide copy xray report.	_____
<b>H. Hepatitis B</b> -give dates for all administered shots 1. _____ Serologic proof of immunity (attach record). Or, 2. _____ Immunization (at least 3 doses and attach records).	_____ _____ _____
<b>I. Meningitis</b> 1. _____ Immunization within the last 5 years (from matriculation date). Or, 2. _____ Age > 22 at time of matriculation	_____ _____
<b>J. OHP Forms</b> 1. _____ TB Respirator Questionnaire. MD, PA, GPNA, genetic counseling, O&P students only. 2. _____ Acknowledgment of Receipt of Privacy Notice. The "HIPAA" form.	_____

**PLEASE RETURN THIS FORM (facsimile/mail/email) TO::**

Occupational Health Program  
 Baylor College of Medicine  
 1 Baylor Plaza- (Mail Stop BCM608)  
 Houston, TX 77030

713-798-7880  
 713-798-3364 (confidential fax)  
[scv\\_auto\\_print@bcm.edu](mailto:scv_auto_print@bcm.edu)



# *Acknowledgment of Receipt Of Privacy Notice*



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By signing this form, you are agreeing that you have received a copy of the Baylor College of Medicine Privacy Notice, which describes how we use and disclose your health information. You have the right to refuse to sign this Acknowledgment, in which case we must document our good faith effort to obtain your acknowledgment and the reason why it was not obtained.

**Receipt of Privacy Notice acknowledged by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name (Please print clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
BCM ID# (Use DOB, if you do not know your ID#)

**Relationship to patient/employee:**

Self       Other: \_\_\_\_\_