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)

2022

(circle one)

MD
PA, O&P or Genetic Counseling
DNP
GSBS

Baylor College of Medicine

Occupational Health Program

INCOMING STUDENT IMMUNIZATION RECORD

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
A. **Tetanus-Diphtheria-Pertussis (Tdap)-** Td is not acceptable 1. _____Tdap booster within the last 10 years. (attach record)	_____
B. **M.M.R. (Measles, Mumps, Rubella)** (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)	_____ _____
C. **Measles (Rubeola)** - 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)	_____ _____
D. **Mumps** - 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)	_____ _____
E. **Rubella** - 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)	_____ _____
F. **Varicella (Chickenpox)**- History of disease is not acceptable 1. _____Serologic proof of immunity (attach record). Or, 2. _____Two doses of vaccine (attach record).	_____ _____
G. **Tuberculosis** 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.	_____
H. **Hepatitis B** -give dates for all administered shots 1. _____Serologic proof of immunity (attach record). Or, 2. _____Immunization (at least 3 doses and attach records).	_____ _____ _____ _____
I. **Meningitis** 1. _____ Immunization within the last 5 years (from matriculation date). Or, 2. _____ Age > 22 at time of matriculation	_____ _____
J. **OHP Forms** 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

Acknowledgment of Receipt Of Privacy Notice

Baylor College of Medicine

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: _____