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| Requirement  Name | **Requirement description**  University of Kentucky- College of Medicine (UK COM)- First year clinical Requirement Tracker |
| **IGRA/TB** | **IGRA (QuantiFeron Gold or T-Spot)**  **One of the following is required:**  IGRA (QuantiFeron Gold or T-Spot) blood test administered in the previous 12 months with a negative result.  ***OR***  if you have tested positive for TB at any time, you must work with University Health Services (UHS) to provide an immunization record that contains the following documentation:   * Date of past Positive TB skin Test or IGRA test * Chest x-ray report after the positive TB test * Date of TB Symptom Questionnaire completed after positive test and annually thereafter with UHS in the current year indicating a negative result.   **Documentation must include:**   * Student Name * Date of Birth * Collection date is required for (blood test) * Administration and Read dates are required for both of the skin tests. * Results of the IGRA blood test, which must include the number of millimeters of induration at the time of reading as well as negative/non-significant OR reactive/significant. * Healthcare Provider **OR** UHS immunization record **OR** state immunization certificate or registry.   **Annual renewal IGRA/TB/PPD:**  The IGRA blood test is good for one year. Therefore, the annual renewal date will be set for one year after the date of your previous IGRA blood test.  One of the following is required:  1 step TB Skin Test (Mantoux) administered with read date including the millimeters of induration and negative/Nonsignificant or positive/significant result.  OR  IGRA test administered with collection date and negative results  OR  If you have tested positive for TB at any time, you must provide the following: Immunization record issued by UHS indicating a negative TB questionnaire. |
| **MMR vaccine** | **MEASLES, MUMPS AND RUBELLA (MMR) vaccine**  **Compliance can be obtained by providing:**  1. Two MMR vaccines with first dose given at 1 year of age or older **AND** second dose given at age four or older; **OR**  2. Documentation of positive antibody titers showing proof of immunity for each of the three diseases: [measles (rubeola), mumps AND rubella]  Note: If a student submits documentation of negative or indeterminate titers, **but they have also submitted proof of two MMR vaccines as listed above**, this is acceptable.  **Documentation must include:**   * Student’s Name * Student’s date of birth * If series is completed, dates of each shot **OR** * If titers are provided, dates of positive titers are required and information will include: “immune,” “positive” or number that when compared to range given on record indicates the student is positive/immune; **AND** * Name of the healthcare provider **OR** UHS immunization record **OR** state immunization certificate or registry. |
| **Tdap** | **TDaP (Tetanus – Diphtheria Acellular Pertussis)**  Evidence of one dose of TDaP given at 11 years or older.  **If more than 10 years since date of TDap, then one dose of Td in the last 10 years.**  **Documentation must include:**   * Student’s Name * Student’s date of birth * Date of TDaP shot; **AND** * Name of the healthcare provider **OR** UHS immunization record **OR** state immunization certificate or registry.   ***Note: TDaP is a different vaccine than the tetanus (Td) vaccine, which is recommended every 10 years. TDaP is also different than the childhood DTaP vaccine.*** |
| **Varicella** | **VARICELLA (Please note that oral history of disease or an X on immunization record is not accepted.)**  **Compliance may be obtained by providing:**  1. Evidence of varicella two-dose series after one year of age; **OR**  2. Positive antibody titer showing proof of immunity; **OR**  3. Medically documented history of disease (chicken pox/varicella or shingles/zoster) from a healthcare provider (Doctor, APRN, or PA) with date of disease. An X on the immunization form by varicella is NOT acceptable proof of disease.  **Documentation must include:**   * Student’s Name * Student’s date of birth * If series is completed, dates of each shot; **OR** * If titer is provided, date of positive titer is required and information will include: “immune,” “positive” or number that when compared to range given on record indicates the student is positive/immune; **OR** * If providing medical history, submit a medical record from healthcare provider (Physician, APRN or PA) stating patient diagnosed with Chicken pox (Varicella) or Shingles (Herpes zoster); **AND** * Name of the healthcare provider **OR** UHS immunization record **OR** state immunization certificate or registry. |
| **Hepatitis B** | **HEPATITIS B (Positive titer not accepted without immunization dates)**  **Compliance may be obtained by providing:**  1. Evidence of three Hepatitis B vaccines; **OR**  2. If series is in process or historical documentation of vaccines could not be obtained, 2 vaccines are required upon initial submission to this requirement. You will be able to submit record of the third shot when it is due **OR**  3. Evidence of Heplisav-B vaccine (a 2 dose series that is completed in one month)  **Documentation must include:**  Student’s Name  Student’s date of birth  Dates of HEP B shots; **AND**  Name of the healthcare provider **OR** UHS immunization record **OR** state immunization certificate or registry.  **Subsequent Requirement:** If only two initial vaccines obtained, **Hepatitis B third dose** due 6 months after the 1st dose. |
| **COVID-19** | **COVID-19**  **Compliance may be obtained by providing:**   1. Evidence of complete COVID-19 vaccination series OR complete the declination process for exemption for religious or medical reason and upload documentation.   **Documentation must include:**  Student’s Name  Student’s date of birth; **AND**  Dates of vaccinations |
| **Influenza** | **Influenza**  **Compliance may be obtained by providing:**   1. Evidence of flu vaccination administered between September 1 – November 1. 2. Renewal date will be set for 10/15 of the following flu season |