

**MUSC Student Health Services Pre-Matriculation Requirements
Worksheet (Do Not Upload this form)**

**All dates must be entered into LifeNet in addition to proof of
Vaccination**

Requirement	Document Required	Uploaded
<p>Tuberculosis screening <u>(within 3 months of start of school)</u></p>	<p align="center">QuantiFERON Blood Test or T-Spot Blood Test (blood tests are preferred)</p> <p align="center">OR</p> <p align="center">2 TB skin tests (also called PPDs) 1-3 weeks apart (2 placements and 2 readings with results for both)</p>	<p align="center"><input type="checkbox"/></p>
<p>Rubeola Measles (MMR vaccines) 2 vaccines dates required</p>	<p align="center">Lab Report of Rubeola (Measles) IgG Quantitative Titer demonstrating immunity to Rubeola/Measles</p> <p align="center">OR</p> <p align="center">Date of dose #1 must be on or after 1st birthday Date of dose #2 at least 30 days after dose #1</p>	<p align="center"><input type="checkbox"/></p>
<p>Mumps (MMR vaccines) 2 vaccines dates required</p>	<p align="center">Lab Report of Mumps IgG Quantitative Titer demonstrating immunity</p> <p align="center">OR</p> <p align="center">Date of dose #1 must be on or after 1st birthday Date of dose #2 at least 30 days after dose#1</p>	<p align="center"><input type="checkbox"/></p>
<p>Rubella (MMR vaccines) 2 vaccines dates required</p>	<p align="center">Lab Report of Rubella IgG Quantitative Titer demonstrating immunity</p> <p align="center">OR</p> <p align="center">Date of dose #1 must be on or after 1st birthday Date of dose #2 at least 30 days after 1st dose</p>	<p align="center"><input type="checkbox"/></p>
<p>Varicella (Chicken Pox) 2 vaccines dates required</p>	<p align="center">Lab Report of Varicella IgG Quantitative titer demonstrating immunity to Varicella</p> <p align="center">OR</p> <p align="center">Date of dose #1 Varivax/Chicken Pox vaccine after 03/17/1995 Date of dose #2 Varivax/Chicken Pox vaccine given 28 days after dose #1</p> <p align="center"><i>*Documented Chicken Pox Disease is not accepted as immunity.</i></p>	<p align="center"><input type="checkbox"/></p>

Tetanus/Diphtheria /Pertussis (Adult Tdap)	<p>An adult Tdap on or after 6/10/2016. If it has been more than 10 years since your last adult Tdap you will need a booster</p> <p>(Please do not enter dates of childhood DTaPs)</p>	<input type="checkbox"/>
Flu Vaccine	<p>Due to the nature of the flu vaccine, requirement and deadline depend on enrollment term.</p> <p>Spring Enrollment (January): Required upon entry</p> <p>Summer Enrollment (May-July): Requirement deferred until September</p> <p>Fall Enrollment (August): Current Flu shot available in September</p>	<input type="checkbox"/>

Meningococcal	<p>Click the Update button for MUSC Meningococcal Disease and Vaccine Information.</p> <p><i>Complete the form as directed.</i></p>	<input type="checkbox"/>
Hepatitis B vaccine series- Peds/Adol series: 3 Dates Required OR Adult Heplisav -B series 2 Dates Required	<p>Copy of original documentation of Hepatitis B series (series usually designated "peds/adol" when given in early childhood)</p>	<input type="checkbox"/>
Hepatitis B Surface Antibody (IgG) Quantitative Titer <i>Note: All Clinical MUSC students are required to show immunity to Hepatitis B</i>	<p>Lab Report of <u>Hepatitis B Surface Antibody (IgG) Quantitative Titer</u> demonstrating Immunity HBsAg\geq10mIU/mL</p>	<input type="checkbox"/>

IF YOUR HEP B TITER (HBsAb IgG) RESULTS ARE:

Non-immune (Antibody level < 10mIU/mL)	Will need Hep B Heplisav B booster , followed by a repeat titer (1 month after booster) to check immunity after booster	<input type="checkbox"/>
Immunity detected (positive for antibodies \geq10mIU/mL)	No further action required	<input type="checkbox"/>