

**The University of Colorado Denver Anschutz Medical Campus**

SKAGGS School of Pharmacy and Pharmaceutical Sciences

*IMMUNIZATION CERTIFICATION SSPPS FORM*

**Student's Name** Last, \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Telephone number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Degree/Program** \_\_\_\_\_ **email address** \_\_\_\_\_

**Please submit the completed form in E-Value:**

The following immunizations are required of all entering Anschutz Medical Campus Students. Please see the guidelines listed on the back of this form. Please list the dates, immunizations or titers were received for the following required immunizations. Direct questions to [IPharmD@ucdenver.edu](mailto:IPharmD@ucdenver.edu)

**MEASLES, MUMPS, RUBELLA (MMR): 1**

Date of 1<sup>st</sup> Measles Vaccine: \_\_\_\_\_ Date of 2<sup>nd</sup> Measles Vaccine: \_\_\_\_\_  
 Date of Titer: \_\_\_\_\_ Titer Result: Positive  Negative   
 Date of 1<sup>st</sup> Mumps Vaccine: \_\_\_\_\_ Date of 2<sup>nd</sup> Mumps Vaccine: \_\_\_\_\_  
 Date of Titer: \_\_\_\_\_ Titer Result: Positive  Negative   
 Date of 1<sup>st</sup> Rubella Vaccine: \_\_\_\_\_ Date of 2<sup>nd</sup> Rubella Vaccine: \_\_\_\_\_  
 Date of Titer: \_\_\_\_\_ Titer Result: Positive  Negative

**HEPATITIS B: 2**

Hep B: 1st) \_\_\_\_\_ 2nd) \_\_\_\_\_ 3rd) \_\_\_\_\_  
**and/or Positive Hep B titer)**  
 Date: \_\_\_\_\_ Titer Result: Titer Result: Positive  Negative

**POLIO: list the dates of the four-shot childhood series. 3**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
**Date of polio booster** \_\_\_\_\_ **Date of Titer** \_\_\_\_\_

**TUBERCULIN SKIN TEST (within the past year) (Required Mantoux PPD): 4**

Date of 1<sup>st</sup> PPD: \_\_\_\_\_ Result Positive  Negative   
 Date of 2<sup>nd</sup> PPD: \_\_\_\_\_ Result: Positive  Negative   
 TB QuantiFERON Gold \_\_\_\_\_ Result Positive  Negative   
 TB T-Spot: \_\_\_\_\_ Result Positive  Negative

**VARICELLA: 5**

Titer date: \_\_\_\_\_ Result: Positive  Negative   
**If needed, Date of 1<sup>st</sup> vaccine:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Date of 2<sup>nd</sup> vaccine:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TDAP/TD: (circle one) TDAP or TD (must be within the last 10 years.)**

Date current TDAP/TD shot received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**INFLUENZA: Required Seasonal Immunization: (August – October 15)**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOR INTERNATIONAL STUDENTS outside Canada and United States:** three documented doses of TD are required. Primary vaccination of previously unvaccinated adults consists of three doses of adult tetanus-diphtheria toxoid (Td): 4-6 weeks should separate the first and second dose; the third dose should be administered 6-12 months after the second.

**TO BE COMPLETED BY STUDENT - I understand that if my immunizations are not current, or in progress while in attendance at Anschutz Medical Campus, I may be subject to academic restrictions and may not be able to complete program/degree requirements. I authorize Anschutz Medical Campus to disclose this form and/or other information related to my immunization records to any clinical agency or other such entity in connection with my placement or participation in clinical internships, practica, affiliations and other programs related to my course of study.**

**Student Signature Required** \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**TO BE COMPLETED BY CERTIFYING OFFICIAL**

Print Name (MD, DO, NP, PA, RN): \_\_\_\_\_

Title: \_\_\_\_\_

Signature of person listed above: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR ANSCHUTZ MEDICAL CAMPUS USE ONLY:**

Signature of Campus Official reviewing form: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

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IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE

Please be advised, by signing a waiver, students may be subject to academic restrictions regarding lab and/or clinical placement and may be unable to complete their program/degree requirements.

**Medical Exemption:** The physical condition of the above-named person is such that immunization would endanger life or health, or is medically contraindicated due to medical conditions.

Physician's Name (please print): \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Personal Exemption:** Parent or guardian of the above-named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Relationship and printed name of person signing this form: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Person Signing this form: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**1MEASLES, MUMPS, RUBELLA (MMR):** The State of Colorado requires 2 MMRs. There must be documented evidence of shots or serologies. Measles, mumps and rubella require individual titers; there is no one titer for all three. List either the two dates of the MMRs received, or the individual titer dates and results. The first MMR must have been received on or after your first birthday, and there must be at least 28 days between the first and second MMR. If received prior to your first birthday or there is less than 28 days between the two MMRs received, you are required to have another MMR or show proof of positive titers.

**2HEPATITIS B:** If you are in the process of receiving your Hep B immunizations for the first time, you are required to have the three-shot series and provide the date and result of a positive titer 1-2 months after the third dose. If you have completed your Hep B immunizations more than one year ago, please provide the date vaccines were received or the titer date and result. (Please note that although you may have previously had your Hep B immunizations and it may not be required as part of the admissions process to obtain a titer; however it may be requested later as some clinical sites now require proof of titers before students may begin rotations at their facilities). If the 3-dose series is needed, then the doses should be in a 0, 1, 6 month interval and then a titer done 1-2 months after the last dose. If immunity is not present, then another 3-dose series must be done followed by another titer. If after 6 doses no immunity is present, then the student is considered a "non-responder" and no further testing or immunization is required.

**3POLIO:** list the dates of the four-shot childhood series. For adults who had 1 or 2 IPV doses, and no documentation of childhood series, they will need to complete a total of three injections. Therefore, if they had one, they would need to receive an additional two adult catch-up injections; if they had 2, they would receive one additional adult catch-up injection.

International students are required to complete the 3 dose series or positive titer.

**4TUBERCULIN SKIN TEST (Required Mantoux PPD):** If you have never had a PPD or your current PPD is more than one year old, you are required to have the two-step method of testing done. The two-step requires placement of two separate PPD skin tests 7-14 days apart. All skin tests need to be read within 48-72 hours or another test is required. A single TB skin test administered after the initial exposure may elicit a negative response. The immune reaction wanes over time. Giving a second test stimulates the immune system to respond and may respond positively, indicating that the person was previously infected or exposed. It is important to differentiate between old and new infection. Please list the dates and a result for all PPDs received. After the initial two-step PPD, an annual PPD test is required.

If the PPD is positive (10mm and above), a negative chest x-ray is required, along with a copy of the physician's report. A negative chest x-ray is valid for two years.

Instead of a PPD, it is acceptable to provide negative QuantiFERON gold blood test results. The QuantiFERON gold blood test will need to be completed annually.

**International students** who have received the Bacille Calmette-Guerin Vaccine (BCG) will submit a physician's report of a negative chest x-ray, since the PPD will appear as a false positive.

**5VARICELLA:** Please list the date of the titer and result. A negative titer requires two vaccines placed one month apart. Or, if vaccines are required, list the dates they were received.