

# REQUIRED IMMUNIZATIONS

Graduate Medical Education (GME)  
UTHSC 2014

## UNIVERSITY HEALTH SERVICES (UHS)

910 Madison Avenue, Suite 922 (Plaza Building)  
Memphis, TN 38163  
Phone: 901-448-5630, Fax: 901-448-7255

This form is on the web at: [www.uthsc.edu/univheal](http://www.uthsc.edu/univheal)

*Check our website for more details about this form and \*Frequently Asked Questions\**

Residents must document prior immunity by validated immunization or blood titer. Residents must provide dates and documentation of immunizations, titers and TB Skin Tests. All shots and titers should be up to date prior to GME orientation. Any questions regarding this policy should be directed to University Health Services at the phone number and address above or e-mail Vada Singleton at [vsinglet@uthsc.edu](mailto:vsinglet@uthsc.edu). All documentation must be sent in with this form.

**NO RESIDENT WILL BE ABLE TO PROCEED WITH REGISTRATION UNTIL THIS FORM IS COMPLETED AND IN THE OFFICE OF UHS. UHS can give these vaccines or blood tests before admission by making an appointment.**

Resident's Name (**Print**) \_\_\_\_\_  
Last First M.I.

SS# \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

UTHSC, GME Program \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Attach documentation or proof of immunizations or titers.** If immunization history is irretrievable by administrator, please check with the local Health Department of the city in which immunizations were performed.

Please check the appropriate box that documents immunity. Also give dates in the appropriate column.	Immunization Dates			Date of Positive Titer	Proof Attached	
	#1	#2	OR		YES	NO
*MMR	#1	#2	OR			
Polio (OPV) date of completion or shot						
Tetanus shot (TDAP) due every 10 years						
Hepatitis B Series & Titer (HBV)	#1					
	#2					
	#3				&	
Varicella (VAR) No date of disease. Vaccines or Titer required (chickenpox)	#1	#2	OR			
Meningococcal Vaccine <small>(Required for Pathology and Infectious Disease Residents)</small>						
Last TB Skin Test (within 90 days)	Month	Year		Result		
IGRA Test(T-spot TB or TB Quantiferon Test ) <b>For Residents who have had a positive TB test or who have had the BCG vaccine.</b>	Month	Year		Result		

\*If born before 1957, one MMR or documentation of disease is sufficient. If born after 1957, a resident is required to have one MMR or the equivalent and another booster MMR in order to enroll at registration.