

# Health Testing Guidelines for Medical Students

*We require the following tests and vaccines for regulatory compliance and to ensure immunity status, which is an essential part of our disease and infection prevention programs. Vaccinations may be obtained from Samaritan Occupational Medicine (SOM) or a facility of your choice. The expense is the responsibility of the student. If you decide not to receive the required vaccines, you may have your rotation suspended or revoked.*

## **Tuberculin (TB) Screening**

Documentation of either a prior negative Tuberculin Skin Test (TST) by two-step method or negative IGRA (QuantiFERON or T-Spot) no older than 1 year. If you only have one TST or have no record of TB testing from the last 12 months, you can complete this at Samaritan Occupational Medicine (SOM) or the facility of your choice. If you've had a positive TB test in the past, you will need to complete a TB Risk Factor Screening form and chest x-ray or provide Graduate Medical Education with a record of a chest-ray dated within the last 6 months.

## **Measles (Rubeola), Mumps, Rubella & Varicella (Chicken Pox)**

Please provide one of the following as evidence of MMRV immunity:

- Two MMR and two Varicella vaccines, **or**
- Two Measles (Rubeola), two Mumps, one Rubella and two Varicella vaccines, **or**
- Laboratory evidence of Measles, Mumps, Rubella and Varicella immunity (antibody titers)

## **Hepatitis B**

Please provide one of the following as evidence of Hepatitis B (HBV) immunity:

- Completed HBV series, **or**
- Laboratory evidence of Hepatitis B immunity (antibody titer)

## **Tdap**

Please provide evidence of a single dose of Tetanus, Diphtheria and Acellular Pertussis (Tdap) vaccine within the last 10 years.

## **Influenza**

Medical Students should receive an annual dose of the seasonal influenza (flu) vaccine. If you choose not to be vaccinated, you must sign a declination form.

## **COVID-19**

Please provide one of the following:

- Documentation of complete primary COVID vaccination series, **or**
- [Religious Exception](#), **or**
- [Medical Exception](#)

# Health Testing Guidelines for Medical Students

Name (Print): \_\_\_\_\_ Email: \_\_\_\_\_

It is the responsibility of the medical student to have these tests and vaccines completed prior to the first day of rotation. Documentation is required and must be attached for all tests and vaccines. Possible acceptable documentation may come from electronic medical records or the Oregon Alert System. School health records marked "outside/unknown provider" will not be accepted.

## **Tuberculin (TB) Screening**

Indicate date of last negative TB test as described on prior page.

QuantiFERON \_\_\_\_\_ or T-Spot \_\_\_\_\_ or TST 1 \_\_\_\_\_ TST 2 \_\_\_\_\_

Have you ever had a positive TB test? Y/N \_\_\_\_\_

If yes, please complete the TB Risk Factor Screening form **and** attach a copy of the last chest x-ray report.

## **Measles (Rubeola), Mumps, Rubella & Varicella (Chicken Pox)**

Indicate dates of positive antibody titers **or** dates you received the vaccines.

### **Antibody Titers**

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Varicella \_\_\_\_\_

### **Vaccines**

MMR 1 \_\_\_\_\_ MMR 2 \_\_\_\_\_ Varicella 1 \_\_\_\_\_ Varicella 2 \_\_\_\_\_

## **Hepatitis B**

Indicate dates you received vaccination series **or** date of positive titer.

### **Vaccines**

HBV 1 \_\_\_\_\_ HBV 2 \_\_\_\_\_ HBV 3 \_\_\_\_\_

### **Titer**

Hepatitis B Antibody Titer \_\_\_\_\_

## **Tdap**

Indicate date of last Tdap vaccine \_\_\_\_\_

## **Influenza**

I received the seasonal influenza vaccine on \_\_\_\_\_

I decline to be vaccinated against influenza \_\_\_\_\_

(signature)

## **COVID-19**

Indicate date(s) vaccinated: \_\_\_\_\_

I am submitting a [religious](#) or [medical](#) exception

By signing below, I attest the information provided is true, complete, and accurate to the best of knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Samaritan  
Health Services