<table>
<thead>
<tr>
<th>Requirement Name</th>
<th>Requirement Description</th>
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</table>
| Measles (Rubeola), Mumps & Rubella | Both of the following are required:  
  - 2 vaccinations AND  
  - Positive antibody titer for all 3 components (lab report required)  
  
If series is in process, submit where you are and new alerts will be created for you to complete series and titer.  
If any titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.  
If you are considered a non-responder (meaning your test results will always be negative/equivocal) then you must submit a note from your healthcare provider that states this.  
  
Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval. |
| Varicella (Chicken Pox)           |  
  - Submit a positive antibody titer (lab report required)  
  
If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.  
If you are considered a non-responder (meaning your test results will always be negative/equivocal) then you must submit a note from your healthcare provider that states this.  
  
Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval. |
| Hepatitis B                       | Both of the following are required:  
  - 3 vaccinations AND  
  - Positive antibody titer (lab report required)  
  
If series is in process, submit where you are in the series and new alerts will be created for you to complete the series and titer.  
If the titer is negative or equivocal, a new alert will be created for you to consult with your healthcare provider and submit one of the following:  
  - booster & repeat titer
| **The University of Illinois**  
| **College of Medicine**  
| Chicago Peoria Rockford |

- repeat vaccine series (3 vaccinations) & repeat titer

If you are considered a non-responder (meaning your test results will always be negative/equivocal) then you must submit a note from your healthcare provider that states this.

**Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.**

<table>
<thead>
<tr>
<th><strong>Tuberculosis (TB)</strong></th>
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<tr>
<td>One of the following completed within the past 12 months is required:</td>
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- 2 step TB skin test (administered 1-3 weeks apart) OR  
- QuantiFERON Gold blood test (lab report required)

OR

- If positive results, submit:
  - a clear chest x-ray (radiology report required) AND  
  - TB questionnaire (available to download from this requirement).

The renewal date will be set for 1 year.

Upon renewal, one of the following is required:

- 2 step TB skin test (administered 1-3 weeks apart) OR  
- QuantiFERON Gold blood test (lab report required)

OR

- If previous positive results, a TB questionnaire will be required (available to download from this requirement). Please NOTE: an updated clear chest x-ray (radiology report required) is required every 2 years.

**Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.**

<table>
<thead>
<tr>
<th><strong>Tetanus, Diphtheria &amp; Pertussis (Tdap)</strong></th>
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| • Submit documentation of a TDaP within the past 10 years

The renewal date will be set for 10 years from administered date of the booster.

**Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.**

<table>
<thead>
<tr>
<th><strong>Polio</strong></th>
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| One of the following is required:
### Documentation of the completed primary series (There must be a record of at least 3 vaccinations)

OR

- If you have received 1 childhood vaccine you may submit that along with 1 additional adult booster vaccine

Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.

### Influenza (flu) *

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<tr>
<th>Requirement</th>
<th>Details</th>
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<tr>
<td>One of the following is required:</td>
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<td>• Documentation of a flu shot administered during the current flu season (August 1 to March 31)</td>
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<tr>
<td>OR</td>
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<td>• Declination waiver. Please NOTE: Declination waiver is site specific and may limit what clinical sites you can attend or you may have to wear a surgical mask.</td>
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Renewal date will be set for 09/04 of the following flu season.

Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.

### OSHA/Standard Precautions Training *

Submit your OSHA/Standard Precautions Training form to this requirement.

### Annual HIPAA Training *

Submit your Annual HIPAA training form to this requirement. Renewal will be set for 9/30 of the following year.

### Respiratory Fit Training *

Submit your Respirator Fit Testing form to this requirement.

### Health Insurance*

Provide a copy of your current health insurance card or proof of coverage. Both sides of the card are required. The renewal date will be set for 1 year.

*Noted requirements will not be completed until after matriculation. All other requirements must be completed prior.