



THE UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
CHICAGO PEORIA ROCKFORD

<i>Requirement Name</i>	<i>Requirement Description</i>
Measles (Rubeola), Mumps & Rubella	<p>Both of the following are required:</p> <ul style="list-style-type: none">• 2 vaccinations AND• Positive antibody titer for all 3 components (lab report required) <p>If series is in process, submit where you are and new alerts will be created for you to complete series and titer.</p> <p>If any titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.</p> <p>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.</p> <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
Varicella (Chicken Pox)	<ul style="list-style-type: none">• Submit a positive antibody titer (lab report required) <p>If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.</p> <p>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.</p> <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
Hepatitis B	<p>Both of the following are required:</p> <ul style="list-style-type: none">• 3 vaccinations AND• Positive antibody titer (lab report required) <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• booster & repeat titer



THE UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
CHICAGO PEORIA ROCKFORD

	<ul style="list-style-type: none">• repeat vaccine series (3 vaccinations) & repeat titer <p>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.</p> <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
Tuberculosis (TB)	<p>One of the following completed within the past 12 months is required:</p> <ul style="list-style-type: none">• 2 step TB skin test (administered 1-3 weeks apart) OR• QuantiFERON Gold blood test (lab report required) <p>OR</p> <p>If positive results, submit:</p> <ul style="list-style-type: none">• a clear chest x-ray (radiology report required) AND• TB questionnaire (available to download from this requirement). <p>The renewal date will be set for 1 year.</p> <p>Upon renewal, one of the following is required:</p> <ul style="list-style-type: none">• 2 step TB skin test (administered 1-3 weeks apart) OR• QuantiFERON Gold blood test (lab report required) <p>OR</p> <ul style="list-style-type: none">• 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. <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
Tetanus, Diphtheria & Pertussis (Tdap)	<ul style="list-style-type: none">• Submit documentation of a Tdap within the past 10 years <p>The renewal date will be set for 10 years from administered date of the booster.</p> <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
Polio	<p>One of the following is required:</p>



THE UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
CHICAGO PEORIA ROCKFORD

	<ul style="list-style-type: none">• Documentation of the completed primary series (There must be a record of at least 3 vaccinations) OR <ul style="list-style-type: none">• If you have received 1 childhood vaccine you may submit that along with 1 additional adult booster vaccine <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
Influenza (flu) *	<p>One of the following is required:</p> <ul style="list-style-type: none">• Documentation of a flu shot administered during the current flu season (August 1 to March 31) OR <ul style="list-style-type: none">• 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. <p>Renewal date will be set for 09/04 of the following flu season.</p> <p>Note for Students: If your documentation is on several pages all pages must be submitted at the same time for approval.</p>
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.

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