



To: Incoming Visiting Student

RE: Health Requirements for Visiting Student at Eastern Virginia Medical School

Eastern Virginia Medical School (EVMS) adheres to the Centers for Disease Control (CDC) guidelines regarding immunization of health-care workers. You must provide copies of immunization documentation (i.e. shot records), laboratory reports indicating immunity, and documentation of placement, read and results of tuberculin skin tests or chest x-ray reports if previously tuberculin skin test positive.

Copies of immunization records, laboratory reports, and radiology report MUST be included with this form. If you do not have immunization records, you must have antibody titers drawn to prove immunity to measles, mumps, rubella and varicella and provide EVMS with copies of lab reports.

Visiting students are responsible for the cost of immunizations, laboratory tests, and/or chest x-rays.

Full Name: \_\_\_\_\_ M/F (Circle One)

Previous Legal Name: \_\_\_\_\_ (must provide legal documentation showing proof of previously used name)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: XXX/XX/\_\_\_ (last four)

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dates of Rotation at EVMS: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

**The following are requirements for visiting students:**

1. Tuberculosis:
  - A. You are required to provide documentation of an Interferon Gamma Release Assay (IGRA) blood test (either Quantiferon Gold or T-Spot) within (6) months of the clinical rotation start date..  
Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_
  - B. If you have had a **previous positive TB test**, attach a copy of a chest x-ray report done within the past year **AND** physician documentation regarding treatment dates with antibiotic therapy or why treatment was contraindicated. Please contact Occupational Health to obtain a Tuberculosis Symptom Surveillance Questionnaire that must also be completed.  
Date of positive TB test: \_\_\_/\_\_\_/\_\_\_ Date of CXR: \_\_\_/\_\_\_/\_\_\_  
Result of CXR: \_\_\_\_\_  
Date of treatment: \_\_\_/\_\_\_/\_\_\_ Length of Treatment: \_\_\_\_\_



2. Measles, Mumps, Rubella (MMR) immunity: attach documentation of two doses of live MMR vaccine if you were born in or after 1957 or copies of measles, mumps, and rubella IgG antibody titers indicating immunity.

MMR #1: \_\_\_/\_\_\_/\_\_\_ MMR #2: \_\_\_/\_\_\_/\_\_\_

Dates & Results of Measles Mumps Rubella Titers: \_\_\_/\_\_\_/\_\_\_ Results: \_\_\_\_\_

3. Varicella immunity: attach documentation of two doses of Varicella vaccine or a copy of a varicella IgG antibody titer indicating immunity:

Varicella #1: \_\_\_/\_\_\_/\_\_\_ Varicella #2: \_\_\_/\_\_\_/\_\_\_

Date & Result of Varicella Titer: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_

4. Tetanus/Diphtheria/Pertussis (Tdap): attach documentation of a Tdap immunization after age 11. If Tdap was given greater than 10 years prior to the rotation start date, must also attach documentation of a Tetanus-diphtheria (Td) or Tdap booster immunization given less than 10 years prior to the rotation start date.

NOTE: (Tdap and Td are not the same immunization)

Tdap: \_\_\_/\_\_\_/\_\_\_ Td: \_\_\_/\_\_\_/\_\_\_

5. Hepatitis B: If you have had the Hepatitis B vaccine series, attach documentation of the dates of the three doses (optional). Attached required documentation of a Hepatitis B surface antibody titer (quantitative only) indicating immunity.

Hep B#1: \_\_\_/\_\_\_/\_\_\_ Hep B #2: \_\_\_/\_\_\_/\_\_\_ Hep B #3: \_\_\_/\_\_\_/\_\_\_

Date & Result of Hep B Surface Antibody Titer (quantitative only):

\_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_

6. Influenza: attach documentation of proof of influenza vaccine for current influenza season.

Influenza: \_\_\_/\_\_\_/\_\_\_

7. COVID-19: attach documentation of proof of an approved FDA COVID vaccine series.

COVID #1: \_\_\_/\_\_\_/\_\_\_ COVID #2: \_\_\_/\_\_\_/\_\_\_ Brand: \_\_\_\_\_

8. Do you have any food or medication allergies? If yes, please list.

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If you have any questions regarding these mandatory health requirements please call Occupational Health at (757)446-5870.