Eastern Virginia Medical School Health Requirements

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 (shot records), laboratory reports indicating immunity, and documentation of placement and results of tuberculin skin tests or chest x-ray reports if previously tuberculin skin test positive as described below. Official medical records verifying the requirements must accompany the attached form.

Forms without documented evidence as requested will not be accepted.

Documents may be mailed to the Occupational Health office in the enclosed envelope or in a separate envelope addressed to:

Eastern Virginia Medical School
721 Fairfax Avenue
Andrews Building, Suite #273
Norfolk, VA 23507
Attention: Occupational Health

OR

Fax documents to the Department of Occupational Health office at 757-446-7188

OR

Submit documents via e-mail to OccHealth@EVMS.edu

Be sure that your name is on each page before you mail, fax or e-mail.

You must submit all health requirement documentation to the Occupational Health office by JULY 1st. Students who fail to comply with the health requirements may be subject to withdrawal from acceptance or, if post matriculation, from their academic program.

Incoming students are responsible for the cost of immunizations, laboratory tests, tuberculin skin tests, and/or chest x-rays as these are pre-matriculation requirements. Hepatitis B vaccine will be offered to all incoming students who have not been previously vaccinated. The student is responsible for scheduling an appointment with Occupational Health for Hepatitis B Immunizations. Please call 757-446-5870 for an appointment.
Personal Information for students entering the

School of Medicine

Anticipated year of graduation: ___________ (4 years from entry)

Full/Legal Name: _____________________________________________

Male    Female

Are you a former EVMS employee or student?   Yes    No

Date of Birth: ____/____/____

Social Security Number:   xxx  /  xx  /  __________

Home Phone Number: (____) _____ - _____

Cell Number: (____) _____ - _____  Carrier (for texts) ____________

E-mail address: _____________________________________________

Home Address: _____________________________________________

_____________________________________

The following are health screening requirements that must be submitted before matriculation:
1. Tuberculin skin testing:

   A. You are required to provide documentation of a two-step tuberculin skin test (PPD) within (4) four months prior to the program start date. If the first-step PPD is negative, the second-step PPD should be administered at least 1-3 weeks after the first PPD was read. (If you have had a PPD within the past twelve months, this may be used as the first-step PPD.)
      a. PPD#1: ____/____/____ Date Read: ____/____/____ Result: _______ mm.
      b. PPD #2: ____/____/____ Date Read: ____/____/____ Result: _______ mm.

   B. If you have had a previous positive PPD, 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 us to receive a TB Symptom and Surveillance form that must also be completed.

      Date of positive PPD: ____/____/____
      Date of CXR: __/___/___, Result of CXR: ____________
      Date of treatment onset: ____/____/____, Length of treatment: __________________

   C. Persons who have received BCG and/or Persons who have historically poor rates of return for TST reading must have an Interferon Gamma Release Assay Blood Test done.
      Date__________ Results____________

2. Measles, Mumps, Rubella (MMR) immunity: Attach documentation of two (2) doses of live MMR vaccine or copies of measles, mumps, and rubella IgG antibody titers indicating immunity.

   MMR#1: ____/____/____
   MMR#2: ____/____/____
   OR
   Dates & Results of titers:
   Measles (Rubeola) ____/____/____, results______________
   Mumps ___________ results______________
   Rubella ____/____/____, results______________
3. Varicella immunity: attach a copy of a varicella IgG antibody titer indicating immunity or documentation of two doses of Varicella vaccine.

   Varicella Vaccine #1: ____/____/____
   Varicella Vaccine #2: ____/____/____

   OR

   Date and Results of Varicella Titer: ____/____/____ Result ____________________________

4. Diphtheria/Pertussis/Tetanus (DPT): Attach series of five immunizations during childhood. If this documentation is not available, the requirement will be waived as vaccination of adults is not recommended.

5. Tetanus/Diphtheria/Pertussis (Tdap): attach documentation of a **Tdap** immunization. If it has been less than two years since your last Td booster, attach a copy of the Td booster documentation.

   **NOTE: Tdap and Td are not the same immunization**

   Tdap Date: ____/____/____

6. Polio: attach documentation of polio immunization (OPV or IPV) series of 4 during childhood. If this documentation is not available, the requirement will be waived as vaccination of adults is not recommended.

7. Hepatitis B: If you have had the Hepatitis B vaccine series, attach documentation of the dates of the three doses and a Hepatitis B surface antibody result indicating immunity.

   Hepatitis B #1: ____/____/____
   Hepatitis B #2: ____/____/____
   Hepatitis B #3: ____/____/____

   AND

   Date and Result Hepatitis B Surface Antibody Titer: ____/____/____ Result ____________________________

Please list allergies you have: ______________________________________________________________

________________________________________
Please call the Occupational Health Department at (757) 446-5870 or e-mail OccHealth@EVMS.edu if you have any questions regarding these mandatory requirements.