

**Johns Hopkins University School of Medicine
Visiting Student Immunization Record
Office of the Registrar
733 N. Broadway, Broadway Research Building, Suite 147
Baltimore, Maryland 21205**

Student Name:
E-mail:
Date of Birth:
Visiting Student Start Date:

The following must be completed by a physician, nurse or the School Health Center Director and submitted with the visiting student application in a separate envelope marked with "confidential", University Health Service; include name on envelope. Visiting medical students are required to have all of the immunizations listed below before participating in the visiting student program.

TUBERCULOSIS SCREENING (PPD) , within last 12 months:	PPD Date :	Result (circle one): Negative/Positive*
*Positive PPD requires chest x-ray:	X-ray Date :	Result:

TETANUS/DIPHTHERIA (primary series plus booster within the last 10 years):	Date :
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HEPATITIS B (series of three doses):		
Date dose #1:	Date dose #2:	Date dose #3:

MMR (Mumps, Rubeola, Rubella):		
	Vaccine OR	Positive Serology
Mumps	Date :	Date :
Rubeola (Measles)	Date :	Date :
Rubella (German Measles)	Date :	Date :

VARICELLA:			
Have you had Chicken Pox? (check one):	Yes	No	Do not know
If, No, were you immunized?	Yes (indicate date)		No

- A blood test to confirm a positive antibody titer (immunity to Chicken Pox) is required if you are not immune to Chicken Pox.
- Two Varicella vaccine injections are required over an 8 week period prior to starting your elective placement.
- No blood test is required after the vaccine

If you will be living in Reed Hall the **MENINGOCOCCAL** vaccine is required or you will be asked to sign a waiver.

Signature (physician, nurse, or school health center director):	Date:
Print Name:	E-mail:
Title:	
Name of school:	
Address of school:	
Telephone:	