

## **Immunization Status Before beginning ELECTIVE rotations:**

\*Applicants must complete their full course of immunization as follows:

**MMR** -mumps, measles, Rubella.

**IPV**-polio.

**HBV** -Hepatitis B virus .

**dTap** -Tetanus+Diphtheria+Pertusis.

**Mantoux Test** –PPD, or **Quantiferon** gold test for TB within last 12 months before **each elective**.

\* Must carry with them during **each elective** an original following “**Immunization record** form” that must be filled in and signed & stamped by the student's physician. We cannot accept other kind of immunizations/tests that are done in various countries.

\* Applicants, who fail to provide documentation of the above required immunizations to the **Electives Program** authorities during their elective, risk having their **elective** and housing automatically canceled without compensation or refund of any fees.

**Immunization record form**

**Family Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

<b>DATE OF IMMUNIZATION</b>	<b>VACCINE</b>	<b>REMARKS</b>
<b>Day/month/year</b>		
	Hepatitis B-1	
	Hepatitis B-2	
	Hepatitis B-3	
	Hepatitis B-Booster	
	MMR 1	
	MMR 2	
	IPV	Should be done within last 9 years
	dTap	Should be done within last 9 years
	<b>EVALUATION OF THE :IMMUNITY STATUS</b>	
<b>Day/month/year</b>	<b>AB= Antibodies</b>	<b>VALUE</b>
	Mumps- IgG AB	
	Measles- IgG AB	
	Rubella- IgG AB	
	HBs AB	
	Varicella Zoster IgG AB	
	Mantoux Test-PPD	
	Quatiferon gold test for TB	

Physician's **Name** (in BLOCK letters) \_\_\_\_\_

**Date** \_\_\_\_\_ **Physician's Seal**