

MSUCOM Healthcare Professional Student Immunization Form & Chart

Information for Healthcare Providers assisting COM students

- You may find some requirements are slightly different than you would advise for your standard patients, these are the requirements set forth by the University and partnering hospital systems.
- Pages 3-4 are a worksheet to assist the student in completing their immunization requirements.
 - The worksheet is not required to be filled out, however, if it is signed by a medical professional, we can accept the worksheet in place of vaccination reports and laboratory titer values.
 - Fields with gray font are to be filled by overwriting in ink.
- Pages 5-9 are flowcharts to assist with the next steps needed for each requirement. These flowcharts may provide a bit more information than can fit in the worksheet.

Instructions for COM Students:

Please use the worksheet and flowcharts below to assist you with the required steps. While COM staff will assist as much as possible, we suggest you seek medical advice concerning your personal health from your primary care provider (PCP) or other healthcare provider (HCP). Please reach out if your PCP/HCP advises steps that do not correlate with these instructions.

Costs associated with immunizations, monitoring, and titers are the responsibility of the student. Check with your insurance company to determine what vaccines may be covered and if there are restrictions on where you may receive them. MSU Student Health Services (SHS) will bill your insurance for vaccinations. The appointment line for SHS is 517.353.4660. MSU Occupational Health Clinic offers some walk-in services but does not participate with insurance. The phone number for MSU Occupational Health is 517.353.9137 (See Page 2 for additional on-campus clinic information).

- Titers drawn for Measles, Mumps, Rubella, Varicella, and Hepatitis B
 - If titers are positive – no additional steps are needed for Measles, Mumps, Rubella, and Varicella, though it is recommended that you also submit documentation of previous vaccination history.
 - Hepatitis B requires documentation of an appropriately spaced 2- or 3-dose vaccine series along with a positive titer.
 - If titers are negative – documentation of an appropriately spaced vaccination series is required along with the negative titer for – Measles, Mumps, Rubella, and Varicella requirements to be satisfied. If you do not have records of appropriately spaced vaccinations, additional vaccines/titers will be required.
 - Hepatitis B – If negative titer results are reported after an appropriately spaced initial vaccine series, additional dose(s) of vaccine will be required, please follow the chart below for this requirement (Page 6).
- TB options – Annual requirement during medical school
 - TB Skin Test
 - Requires the student to present for an injection to be placed under the skin of the forearm and then return to the facility to have the skin test read 48-72 hours later. This two-step process will yield one TB skin test result. Upon entry to medical school, if you choose the TB skin test option, you must submit two separate TB skin test results that are dated 7 to 21 days apart.
 - TB Blood Test
 - Requires the student to present for a blood draw that will then be submitted to test for tuberculosis infection. This is a one-step option; it does typically take about five business days for the results.
- Gather the remaining documentation for: Tdap, COVID-19 (recommended not required), Polio (recommended not required), and Influenza (last dose given can be submitted, but not required until November 1st each year of medical school).

Additional Information for COM Students

- Your information will be entered into a secure web-based record, [CastleBranch](#).
- You will be able to upload your documents to CastleBranch after you are provided the package code during orientation. **Please keep the originals for your permanent records.**
- Once your information is uploaded, it will be evaluated by the CastleBranch staff, and your profile will be updated. This evaluation process can take 72 business hours to complete, so please plan accordingly to upload documentation before the expiration date. Please be sure to use your msu.edu email when registering your CastleBranch Immunization Tracker. You will get reminders and expiration notices directly from CastleBranch, and please be sure you follow-up on any notices you receive from CastleBranch or the COM Compliance Team.
- Some vaccination requirements are available at our on-campus health clinics, please see their information below:

COM Compliance Requirement	SHS Availability	Occupational Health Clinic Availability
Notice – both clinics are in the Olin Health Center building but are separate facilities.	The appointment line for SHS is 517-353-4660. https://olin.msu.edu/general/appointments.html 463 E Circle Drive Olin Health Center East Lansing, MI 48824	Occupational Health – 517-353-9137. https://occhealth.msu.edu/contact 463 E. Circle Drive, Room 123 Olin Health Center East Lansing, MI 48824
Measles, Mumps, Rubella, Varicella	Yes. Appointment required. Bring immunization history for titer.	Titer only
Hepatitis B	Yes. Appointment required. Bring immunization history for titer.	Titer only Approximately \$20
TB	Yes, TB blood testing and skin testing both available. Appointment required.	Yes, only TB blood test available. Results typically 5-7 business days.
Tdap	Yes. Appointment required. Bring immunization history for titer.	Not available
Influenza	Yes. Appointment required.	Not available
COVID-19	Yes. Appointment required.	Not available
Comments/Notes	Insurance can be billed. Call for out-of-pocket pricing	Out-of-pocket costs Call for pricing
	SHS offers a 5-titer panel (Measles, Mumps, Rubella, Varicella, and Hepatitis B) for approx. \$35	Occupational Health allows walk-in services for laboratory items such as titers, they will refer you to SHS for immunizations and other services that require follow-up/consultation with medical personnel.

**Note – costs above are subject to change by the respective health clinics, call for the most up to date prices. Prices are typically out-of-pocket costs; your insurance may be billed differently. Prices are as of May 2023 and are provided for example to help students compare to other options.*

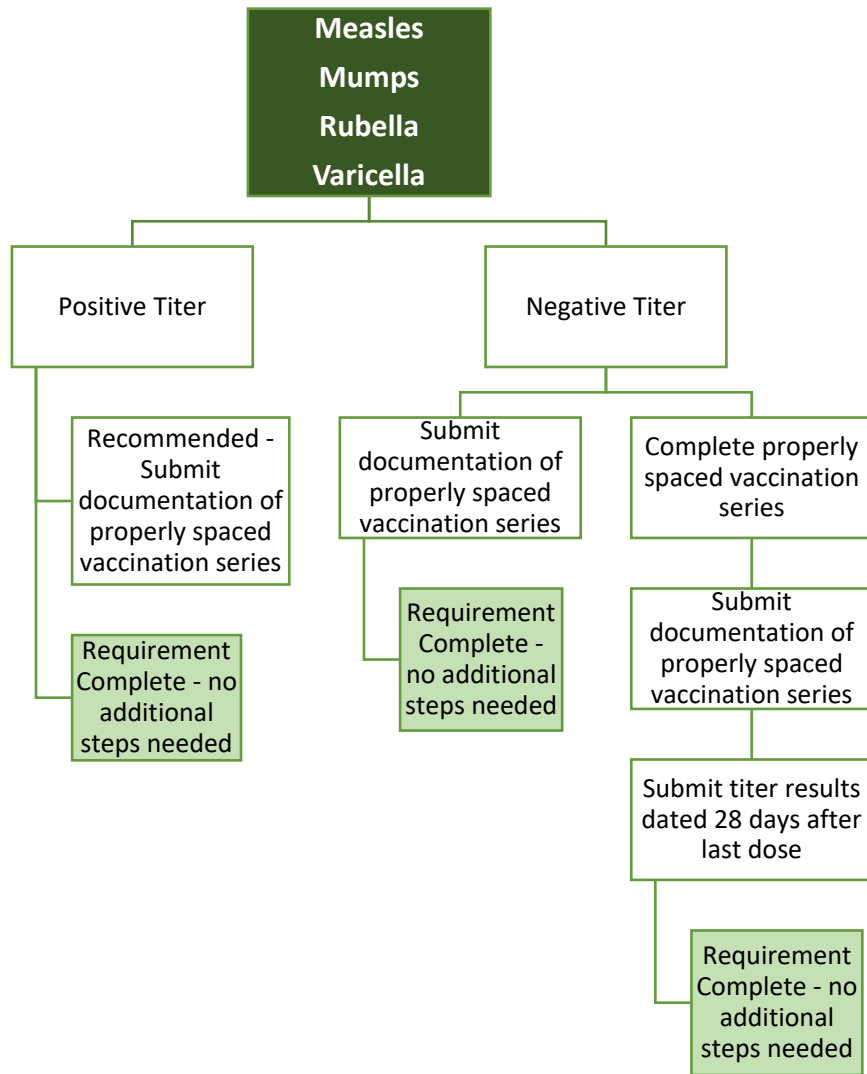
Requirement	Instructions	Documentation			
Measles, Mumps, & Rubella (MMR)	<i>See Page 5</i> – A positive titer OR two doses of MMR vaccine <u>and</u> a negative titer	Dose #1 → date		Titer Date → date	
		Dose #2 → date		Immunity →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Varicella (chickenpox)	<i>See Page 5</i> – A positive titer OR two doses of varicella vaccine <u>and</u> a negative titer	Dose #1 → date		Titer Date → date	
		Dose #2 → date		Immunity →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<i>See Page 6</i> – Submit a complete Hepatitis B series followed by antibody titer results. With a complete series and a positive titer, the requirement is complete.	Dose #1 → date		Surface Antibody Titer Date → date	
		Dose #2 → date		mIU/ml → mIU/ml	
		Dose #3 →	date – “N/A” for 2-dose series	Immunity →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>See Page 6</i> – If the titer results are negative, a single booster dose is required, followed by a repeat antibody titer, 28-days after the booster dose. If this repeat titer is positive, the requirement is complete.	Booster Dose/Repeat Series Dose #1 →		Repeat Antibody Titer Date → date	
				mIU/ml → mIU/ml	
			date	Immunity →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>See Page 6</i> – If the repeat titer is negative, you must complete the repeat series – with the booster dose being Dose #1, followed by another repeat titer, 28-days after the last dose. If this repeat titer is positive, the requirement is complete. <i>Inquire about an accelerated schedule to complete the repeat series.</i> If the repeat titer is negative again, please reach out for more instructions regarding the process for a ‘non-responder’.	Repeat Series Dose #2 →	date	Repeat Antibody Titer Date #2 → date	
		Repeat Series Dose #3, if necessary →		mIU/ml → mIU/ml	
		date – “N/A” for 2-dose series	Immunity →	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tetanus, Diphtheria, and Pertussis	<i>See Page 7</i> – An adult dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) satisfies the requirement for all, if given within the last 10 years. If more than 10 years, receive tetanus (Td) update. There is no minimum interval required between last Td and Tdap.	Tdap Vaccine Date → date			
		Td Vaccine Date → <i>If more than 10 years since last Tdap</i>	date		

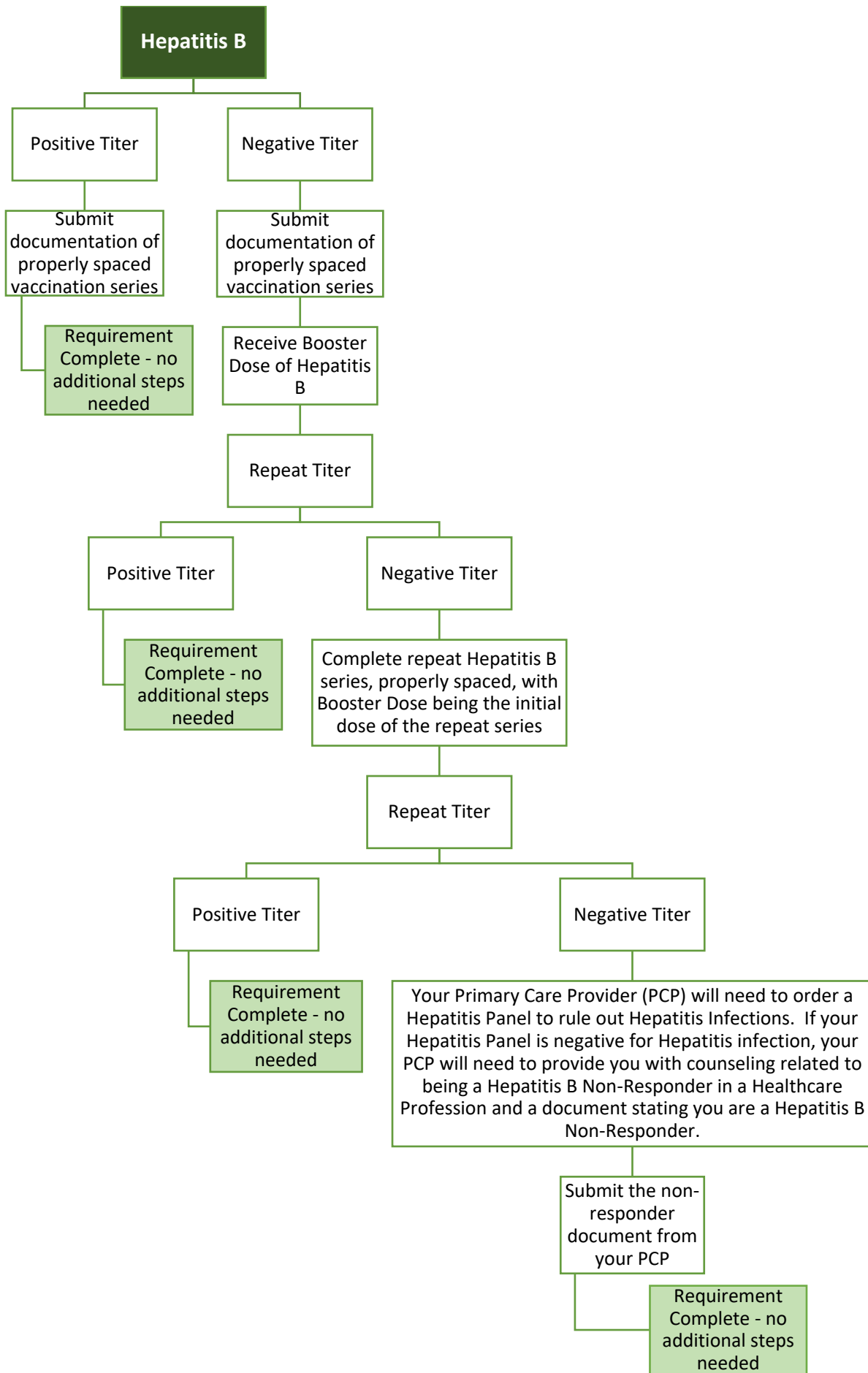
Polio	See Page 7 – Polio vaccine series is recommended not required	Dose #1 →		date – not required	
		Dose #2 →		date – not required	
		Dose #3 →		date – not required	
		Dose #4 →		date – not required	
Tuberculin Test	<p>See Page 8 – either submit a single TB blood test <u>or</u> two separate TB skin tests. The second TB skin test must be read 7 to 21 days after the first skin test result.</p> <p>Skin test results must be reported in millimeters. “Negative” is an interpretation and not an acceptable result.</p> <p>If you receive a positive TB result, or had one in the past, please reach out for more information about additional required steps, including a chest x-ray, treatment plan, and symptom monitoring requirements.</p> <p><i>Note – annual TB requirements can be completed with either a single TB skin test or a single TB blood test; your choice this year does not dictate how to update next year, skin test vs. blood test.</i></p>	TB Skin Test #1 – Date Placed →	date	Results →	mm
		TB Skin Test #1 – Date Read →	date		
		TB Skin Test #2 – Date Placed →	date	Results →	mm
		TB Skin Test #2 – Date Read →	date		
		TB Blood Test →	date	Results →	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Influenza	See Page 9 – Influenza vaccine due annually prior to November 1 – not required prior to orientation.	Date of last Influenza Vaccine →		date – not required until November 1 st	
COVID-19	See Page 9 – COVID-19 vaccination(s) that meet CDC recommendations are recommended not required	Dose #1 →		date – not required	
		Dose #2, if applicable →		date – not required	
		Dose #3, if applicable →		date – not required	

Signature of Healthcare Professional Completing Form

Printed Name & Title of Person Completing Form

Date Form Completed & Signed





Tdap

Submit documentation of Tetanus, Diphtheria, and Pertussis (Tdap) vaccine(s) administered in the last 10 years

Requirement Complete - no additional steps needed

Polio

Recommended, not required

Submit documentation of properly spaced vaccination series

Recommendation Complete - no additional steps needed

Recommendation Complete - no additional steps needed

