This document provides a summary of Immunization Program requirements and acceptable documentation for each item. Students are encouraged to begin collecting documentation and obtain needed immunizations or lab tests as soon as possible after admission.

**DOCUMENT SUBMISSION PROCESS**

Students submit their immunization form and test result documentation to a web-based system called MyRecordtracker. Once you are accepted, The Registrar’s office sends instructions for creating your MyRecordtracker account along with deadlines for meeting requirements. The immunization form must be printed and provided to a healthcare professional for completion then you must upload the completed form in your MyRecordtracker account. This checklist helps you keep track as you obtain your health records. You will also find detailed instructions for meeting each required item in your MyRecordtracker account. Due to the nature of health professions training programs, exemptions are rarely granted and only in alignment with CDC recommendations, and University policy and practice.

**DOCUMENTATION REQUIREMENTS**

**CHILDHOOD IMMUNIZATIONS**

**MMR: MEASLES (RUBEOLA), MUMPS AND RUBELLA**

Two doses of the MMR 3-component vaccine are required (other vaccine types not accepted), given on or after 12 months of age and at least one month apart, OR positive measles, mumps, and rubella antibody titers.

- Two doses of MMR 3-component vaccine dated January 1971 or later; two live vaccines may be given on the same day or at least one month apart,
- OR
- Lab reports showing positive IgG antibody titer results for measles (rubeola), mumps, and rubella (NOTE: IgM titers are not acceptable).

**VARICELLA**

Two doses of varicella-containing vaccine are required, given on or after 12 months of age and at least one month apart, OR positive varicella IgG antibody titer. History of disease is not accepted.

- Two doses of varicella vaccine dated March 1995 or later; two live vaccines may be given on the same day or at least one month apart
- OR
- Lab report showing positive varicella IgG antibody titer result (NOTE: IgM titer is not acceptable).

**Tips to ensure documentation is not rejected during the submission process:**

- Records must clearly indicate full student name, vaccine type, and exact dates (month/day/year) for each dose. Verbal histories, year only, or “1/1/year” dates are not accepted.
- We prefer the immunization form for completion; however, Pharmacy print-outs, provider/clinic-verified childhood records/cards, chart notes, state immunization registry records, and electronic print-outs are all acceptable proof of immunization.
- Submit actual lab report printouts showing titer or IGRA results. An immunization summary does not suffice as a lab report.
- Full student name, collection or “draw” date, and a numeric reference range must be included on all lab reports.
**TETANUS-DIPHTHERIA-PERTUSSIS**

**One adult dose of Tdap is required.** If you received it more than 10 years ago, an additional dose of an adult Td-containing vaccine is needed. Titters are **not** accepted in lieu of Td/Tdap vaccine.

- Documentation of an adult Tdap vaccine within the past 10 years
  - OR
  - Documentation of an adult Td within the past 10 years **AND** a Tdap vaccine after 6/1/2005 (when adult vaccine became available)

**TB SCREENING**

An initial (entry year) screening of an **IGRA blood test** - Quantiferon-TB Gold or T-Spot is strongly preferred OR TWO separate **TB skin tests** (PPD) is required, unless you have documentation of a previous positive test result.

The second PPD must be placed 1-3 weeks after the first is read. PPD documentation must include: full name, dates placed, dates read, and results in mm. Results obtained by “self-read” are **not** accepted.

**COVID-19 VACCINE**

- Documentation of 2-dose mRNA vaccine series (Pfizer/Comirnaty or Moderna)
  - OR
  - Documentation of 1-dose J&J (Jansson)

Although a COVID-19 booster dose is not required by at this time, please submit the booster if you have already received it. Practicum sites may require a booster dose.

**ANNUAL INFLUENZA VACCINE**

Submit documentation of seasonal influenza vaccine **after** August of entry year and each year thereafter. If you did not receive one, please do not connect the form to this section.

**HEPATITIS B**

**Complete Hepatitis B vaccine series** spaced appropriately per standards set by the Centers for Disease Control and Prevention (CDC) **AND a positive Quantitative Hepatitis B Surface Antibody Titer** (HBsAb-QN/CONC/Index titer) drawn AFTER completion of a full Hep B vaccine series. The lab report must include both a result **AND a numeric reference range**.

- Three or more documented doses of Hepatitis B vaccine **AND** a positive Quantitative Hepatitis B Surface Antibody Titer (HBsAb-QN/CONC/Index titer) drawn after completion of the series, **OR**
- Two doses of Heplisav-B vaccine **AND** a positive Quantitative Hepatitis B Surface Antibody Titer (HBsAb-QN/CONC/Index titer drawn after completion of the series, **OR**
- Hepatitis B/Heplisav-B series in process; upload documentation for each dose as received to your To Do List; titer is due 1 month after the last dose; a status of compliance will be maintained as long as each due date is met

**Negative/Non-Reactive Titer** - Upload documentation for each dose/titer as it is received.

- Get an additional Hepatitis B vaccine dose (Heplisav-B vaccine recommended) **AND** a repeat HBsAb-QN titer 1 month later
- If the repeat titer is still negative, complete the remaining vaccine doses in the 2nd series **AND** another HBsAb-QN titer 1 month after the last dose
- **Hepatitis B non-responders** - contact registrar@lsuhs.edu to obtain a form for your provider to complete. In addition to documentation of 2 full Hepatitis B vaccine series, submit the completed form, a final non-reactive HBsAb titer result, and a negative Hepatitis B Surface Antigen (HBsAg) titer result.

**Hepatitis B Infection/Carriers**

- **Hepatitis B acute/chronic infection**, Submit the completed form and reports for HBsAb-QN, HBCAb (core antibody), and HBsAg lab tests to Registrar at registrar@lsuhs.edu.
- **Hepatitis B carriers**, contact Registrar at registrar@lsuhs.edu to obtain a form for your provider. Submit the completed form and report for HBsAg lab test at registrar@lsuhs.edu.