

### UMASS Chan Medical School Health Clearance Checklist

The checklist below is to be used as a guide to complete the health clearance requirements. Copies of all official lab reports are required in addition to immunization dates. Please review the checklist carefully and allow enough time, as it can take up to 2 months to complete. All requirements must be met prior to your start date to be medically cleared. Please upload all official documentation to the Peoplesoft portal. Any medical clearance questions are to be asked through the Student Health section of the portal. Once all requirements have been met your status will be approved. Student health clearance documentation will be held in a secure electronic medical record at UMASS Memorial Health Care (UMMHC) in Epic. All documentation must be translated to English. Please note that Student Health does not complete pre-matriculation requirements.

#### **MMR**

\_\_\_ Documentation of 2 valid doses of MMR vaccine (first dose given on or after 1 year old)

\_\_\_ Copy of lab documentation of **positive** measles, mumps and rubella IGG titers

#### **If any of your MMR IGG titers are low**

\_\_\_ Documentation of MMR booster vaccine (if indicated)

#### **Tdap**

\_\_\_ Documentation of a Tdap vaccine on or after age 11

\_\_\_ If it has been greater than 8 years from the date of your last Tdap or Td please provide an updated Tdap.

#### **Varicella**

\_\_\_ Documentation of two doses of Varicella vaccine **OR** copy of lab report for **positive** Varicella IGG titer. (If you have both this is preferable)

#### **HEPATITIS B**

\_\_\_ Documentation of all Hepatitis B vaccinations received

\_\_\_ Copy of lab report for Hepatitis B **surface antibody** titer (quantitative/ numerical result)

\_\_\_ Copy of lab report for Hepatitis B **core antibody** titer

\_\_\_ Copy of lab report for Hepatitis B **surface antigen** titer

#### **If your Hepatitis B surface ANTIBODY titer is low please complete the additional requirements:**

\_\_\_ Documentation of a Hepatitis B booster vaccine (Hepelisav-B vaccine (2 dose series) is preferred)

\_\_\_ Copy of lab report for a repeat Hepatitis B surface antibody titer 4 weeks from first booster dose. (if this result remains low you will need to receive the second booster dose and provide documentation.

## **IGRA/TST**

\_\_\_ Copy of lab report for a Quantiferon Gold or T-spot **on or after May 1<sup>st</sup> of the current year.**

\_\_\_ If you do not have access to the lab test above you will need to provide documentation of **two** Tuberculin Skin Tests (TST). Second test to be completed 1-3 weeks later. One TST must be completed **on or after May 1<sup>st</sup> of the current year.**

### **If you have a history of a positive TST or IGRA**

\_\_\_ Provide documentation of the positive result as well as any treatment received

\_\_\_ Copy of a chest x-ray (**written report**) dated any time after the date of your positive result

\_\_\_ If the date of your chest x-ray was not completed within the current year, complete the TB symptom review section of the TST form sign and date (link to form is located above)

### **Physical**

\_\_\_ Please submit proof of wellness visit/ physical exam within the past 2 years. This can be in the form of a visit summary indicating the date of the last physical exam. (Physical exam details not required)

### **Disclosure of PHI form**

\_\_\_ Sign and date agreement allowing Student Health to release records for compliance and experiences throughout your education at UMCMS (Link to form located above)

### **Respiratory Fitness Determination Form**

\_\_\_ Complete form and upload to portal (link to form located above)

**RECOMMEND: Documentation of all covid vaccines /boosters received. Please include brand and dates.**