

### Morningside Graduate School of Biomedical Sciences Health Clearance Checklist

The checklist below is to be used as a guide for submitting official immunization and lab documentation to complete the health clearance requirements. 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 Peoplesoft 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.

#### **MMR Requirement (2 options)**

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

**OR**

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

#### **Tdap**

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

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

#### **Varicella**

\_\_\_ Documentation of two doses of Varicella vaccine **OR** copy of lab report for **positive** Varicella IGG titer

#### **HEPATITIS B (2 options)**

\_\_\_ Documentation of 3 dose series of Hepatitis B vaccine or 2 dose series of (Heplisav-B)

**OR**

\_\_\_ Copy of a **positive** Hepatitis B surface antibody titer

#### **IGRA/TST**

\_\_\_ Copy of lab report for a QuantiFERON Gold or T-spot **on or after May 1<sup>st</sup> of 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 are 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)

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