



Return Form to: _____
UMKC School of Medicine
Student Affairs
2411 Holmes Street
Kansas City, MO 64108

Instructions: All immunizations below are required. Have your physician complete this form indicating the dates you have received each vaccine. The physician must sign this form. **Simply attaching copies of your immunization record will not suffice, but we do need titers for varicella/chicken pox.** After completion, students must sign and date the bottom of the form. A parent/guardian signature is required if the student is under 18 years of age. Return to the Student Affairs office at least one month in advance of your start date.

Student Name: _____ Date of Birth: _____ Cell Phone #: _____

Tuberculosis: All students must have had a TB test within 1 year of your start date. In addition, you must have a TB test performed by the SOM's contracted facility. For UMKC Students, this will be arranged within your first month of school. For visiting, non UMKC students, this will occur within your first week of your rotation. If you have a positive history of TB or have tested positive to TST in the past, then submit documentation of your original TB positive results, documentation of treatment, and your most recent 2-view chest x-ray report (must be performed within the past 1 year). All students are required to have a TB Test yearly. All students will have two TB Tests within their first year at the School of Medicine.

TB test result: _____ mm induration Date of test: _____
(mm/dd/yyyy)

Influenza: Current Season Influenza Vaccine (required) Date of Vac: _____
(mm/dd/yyyy)

DPT: Diphtheria, Pertussis, Tetanus. Initial series of 5 and a Tdap booster within 10 years.

First dose: _____
(mm/dd/yyyy)
Second: _____
(mm/dd/yyyy)
Third: _____
(mm/dd/yyyy)
Fourth: _____
(mm/dd/yyyy)
Fifth: _____
(mm/dd/yyyy)
Tdap: _____
(mm/dd/yyyy)

MMR: Measles, Mumps, & Rubella. 2 doses are required; must be administered at least 1 month apart. First dose: _____
(mm/dd/yyyy)
Second: _____
(mm/dd/yyyy)

Chicken Pox: 2 doses are required; must be administered at least 1 month apart. First dose: _____
(mm/dd/yyyy)
If you have had the chicken pox disease, give the month and year AND the date of the positive antibody test, and include titer documentation. Second: _____
(mm/dd/yyyy)
Date of Illness: _____
(mm/yyyy)
Antibody test: _____
(positive) (mm/dd/yyyy)

Hepatitis B: Series of 3 injections (administered at 0, 1 month, 3 months).
Lifetime immunity is established with completion of the series of 3.

First dose: _____
(mm/dd/yyyy)
Second: _____
(mm/dd/yyyy)
Third: _____
(mm/dd/yyyy)

Meningitis: Recommended for college students. Missouri law requires that all residence hall students receive shot or sign a waiver stating they have received information about the risks with this disease.

Date of Vac: _____
(mm/dd/yyyy)
Waiver Signed: _____

Form updated 5/2017

I certify all facts provided above are true and complete. I understand false information can result in disciplinary action.

Signature of Student

Signature of Parent/Guardian
Required if student is under 18 years of age

Date

Signature of Physician

Date