

University of Kentucky Immunization Requirements

For Students with Clinical Responsibilities

University Health Service (UHS) welcomes University of Kentucky Health Science College students to our clinic. These compliance requirements have been established to protect health care providers, as well as their patients during clinical encounters. These requirements reflect CDC guidelines and UK HealthCare policies. If you have a medical contraindication to one or more of the vaccine requirements, please provide UHS with documentation from your primary care provider. Deadlines for completion of compliance are set by the individual colleges. The following immunizations are required for all students involved in clinical activities:

<p><u>Tuberculosis Screening</u></p> <p>New Health Science College students are required to complete a 2-step TB Skin Test* or 2-step equivalent (IGRA).**</p> <p style="padding-left: 40px;">If you have had a TB test within the last year, please submit/bring a copy with you to your appointment.</p> <p>Upper classmen must complete a TB skin test or IGRA test on an annual basis. Documentation of a negative Mantoux TB skin test is accepted from other institutions and must include (1) date given, (2) date read, (3) reading in millimeters, (4) name of facility and credentials of person administering and reading test.</p> <p>If known history of positive TB test or IGRA test, documentation must include date of reading in millimeters and chest x-ray. If these records are unavailable, UHS requires a 2-step TB skin test or equivalent IGRA. Students with a positive PPD will participate in annual TB screening by answering a TB symptom questionnaire.</p> <p>*2-step TB Skin Test: two (2) TB skin tests within one year **IGRA: Blood test for TB</p>	<p><u>Hepatitis B</u></p> <p>A series of three injections at recommended intervals. It is strongly recommended to check a Hepatitis B surface antibody (blood test) 4-8 weeks after dose # 3.</p> <p><u>MMR</u></p> <p>Proof of immunity to Rubella, Rubeola, and Mump. One of the following maybe used as documentation:</p> <ul style="list-style-type: none"> • Two MMR vaccines with the first dose at 12 months of age or older; • Rubella, Rubeola, and Mumps disease diagnosed by healthcare provider*; • Documentation of protective Rubeola, Rubella, and Mumps titers <p><u>Varicella</u></p> <p>Proof of immunity to varicella by one of the following:</p> <ul style="list-style-type: none"> • Chicken Pox or Shingles disease diagnosed by a healthcare provider*; • Positive antibody titer; • Documentation of two varicella vaccines with the first dose at 12 months of age or older
<p><u>Tdap (Tetanus, Diphtheria, Acellular Pertussis)</u></p> <p>Documentation of one dose of Tdap vaccine at age 11 or older</p> <p>NOTE: Td (tetanus/diphtheria) vaccine is NOT the same as Tdap</p>	<p><u>Seasonal Influenza</u></p> <p>One dose of the seasonal influenza vaccine is required if a student is present in a UK HealthCare facility at least one day during designated influenza season (October 1 – March 31)</p>

- Upload your immunization record and complete compliance worksheet via the student portal- Link Blue, My UK, My Info, Student health, Forms then Upload. (Directions on additional attachment as well)
- Appointments may be made by calling (859)323-2778 or online at My UK <https://myuk.uky.edu/irj/portal>
- Once all requirements are met, your compliance form will be sent to the student health portal. You may access it by signing in to Link Blue, My UK, My Info, Student health and then click “messages.” The compliance form can be copied and pasted and then forwarded to the Office of Student Affairs in your college.
- The University Health Service (UHS) building is located at 830 South Limestone Street, Lexington, KY 40536. Student Health is located on the second floor.
- *Healthcare provider: MD, PA, or APRN
- **IGRA is a blood test for TB screening
- If your influenza vaccine was NOT administered at UHS, please submit the vaccine proof to Leslie Ehrmantraut at laharg3@email.uky.edu or Mindy Scott at mindy.scott@uky.edu
- For more detailed information about compliance please the UHS website at <http://ukhealthcare.uky.edu/uhs/student-health/compliance/>

Compliance worksheet and immunization documentation upload instructions for Health Science students

University Health Service (UHS) welcomes UK health science college students to our clinic. Please follow the instructions listed below in order to help expedite the process of required documentation for clinical rotations. If you are having difficulty accessing the system, please contact: greg.redmon@uky.edu.

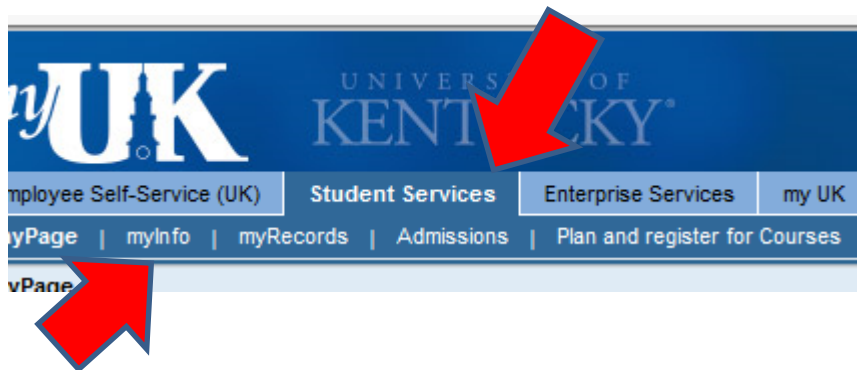
There are two parts to this online process:

- Complete the Documentation worksheet found under “forms”
- Upload your actual documentation (immunization records, titer results, etc.).

1. Access **myUK** by going to <https://myuk.uky.edu> and logging in using your LinkBlue ID:



2. Click on the **Student Services** tab and then the **myInfo** tab:



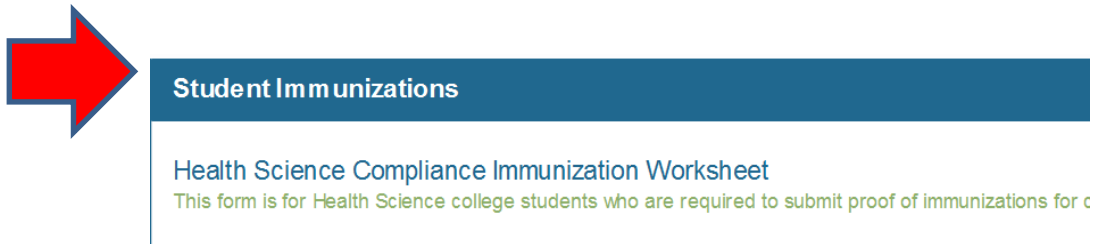
3. Click on Student Health tab in the left column:



4. Click on “forms”:

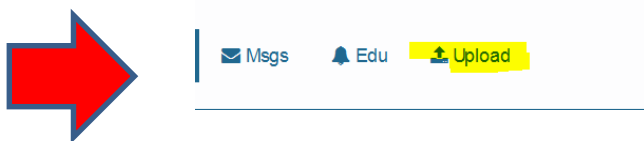


5. Click on Student Immunizations- Health Science Compliance Immunization worksheet. You will need your immunization record in order to enter the dates on the worksheet.



Please answer all the questions and click SUBMIT at the bottom left corner.

6. Go back to the Home Screen and click on Upload:



Follow the directions to upload your immunization documentation, lab results, etc. Some browsers work better than others for this process. If you are using Internet Explorer and having problems, try using Google Chrome or Firefox.

7. A nurse will review your form in the next week and send you a message via this portal. Your messages will be found under Messages (Msgs) on the Home Screen.

8. If you are unable to access the Student Health patient portal or having trouble with the form/upload, please contact greg.redmon@uky.edu or Jprui00@uky.edu.

For internal use only:
 Date of submission: _____
 Verified/Approved by: _____

UK Student Health Immunization Compliance Worksheet

A message to UK students: University Health Service (UHS) welcomes UK health science college students to our clinic. These compliance requirements have been established to protect health care providers as well as their patients during clinical encounters. These requirements reflect CDC guidelines and UK HealthCare policies. If you have a medical contraindication to one or more of the vaccine requirements, please provide UHS with documentation from your primary care provider. Deadlines for completion of compliance are set by the individual colleges. These following are required for all students involved in clinical activities.

NAME: _____ UK ID: _____ PROGRAM & YEAR: _____
(Last) (First) (M.I.)

DATE OF BIRTH: _____ BEST PHONE NUMBER TO REACH YOU: _____ UKY.EDU Email Address _____
(Month) (Day) (Year)

UK HealthCare Required Items: *You must provide proof of ALL items below. Return this completed worksheet AND your immunization documentation via email for approval. Use this worksheet to verify your compliance.*

<p>TB Screening: A negative TB screening completed within the previous 12 months, is required prior to approval for work in this facility and then again annually.</p> <p>We accept TB screenings from a local health department, other hospitals' employee health programs, the military and other clinics where TB testing is performed frequently (Occupational Medicine Clinic).</p> <p>A history of BCG alone is not acceptable as proof of being tuberculin positive. If you have a history of a prior positive TB test, we need all documentation about that test along with any follow-up evaluations you had (including chest x-rays) and any treatment you received.</p>	<p>Testing facility: _____</p> <p>#1: Date of placement: _____ Date of reading: _____ <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>mm(result) _____ AND Testing facility: _____</p> <p>#2: Date of placement: _____ Date of reading: _____ <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>mm(result) _____</p> <p>OR Date of IGRA blood test: _____ Result: _____ <small>(Month) (Day) (Year)</small></p> <p>OR History of Positive TB screening ___ Yes* ___ No</p> <p>Date of positive: _____ Date of Chest X-Ray: _____ Result: _____ <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>INH? ___ Yes ___ No Length of INH: _____</p> <p><i>*For positive TB screenings or history of BCG vaccine, in addition to documentation above, please complete the questions below:</i> In the last year have you had any of the following symptoms: (check all that apply)</p> <p style="text-align: center;"> <input type="checkbox"/> night sweats <input type="checkbox"/> prolonged cough <input type="checkbox"/> blood in sputum <input type="checkbox"/> fatigue <input type="checkbox"/> fever <input type="checkbox"/> blood in urine <input type="checkbox"/> unexplained weight loss </p>
<p>Measles, Mumps and Rubella (MMR): Proof of immunity to measles, mumps and rubella is required.</p> <p>MMR vaccine is a two-dose series.</p>	<p>MMR Vaccine #1: _____ MMR #2: _____ <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>OR Date of all (3) positive titers: Rubeola _____ Rubella _____ Mumps _____ <small>(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>OR Rubeola, Rubella, and Mumps disease diagnosed by a healthcare worker*: Measles _____ <small>(Month) (Day) (Year)</small> Mumps _____ Rubella _____ <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p>
<p>Tetanus Diphtheria Acellular Pertussis (Tdap): Proof of receipt of this vaccine is required. This is the first vaccine for adolescents and adults that protects against pertussis (whooping cough) as well as tetanus and diphtheria. Tdap was licensed 11/2005.</p>	<p>Tdap _____ <small>(Month) (Day) (Year)</small></p> <p>This is a different vaccine than the tetanus (Td) vaccine, which is recommended every 10 years. This is also different than the childhood DTaP vaccine.</p>
<p>Varicella (chicken pox): Proof of immunity to Varicella is required. Oral history is NOT accepted.</p>	<p>Varicella Vaccine #1: _____ Varicella #2: _____ <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>OR Date of positive varicella titer: _____ <small>(Month) (Day) (Year)</small></p> <p>OR Chicken Pox or Shingles disease diagnosed by a healthcare provider*: ___ Yes ___ No</p>
<p>Hepatitis B: Proof of immunity to Hepatitis B is required.</p>	<p>Hep B #1: _____ , Hep B #2: _____ , and <small>(Month) (Day) (Year) (Month) (Day) (Year)</small></p> <p>Hep B #3: _____</p> <p>Optional <small>(Month) (Day) (Year)</small> Date of positive titer: _____ <small>(Month) (Day) (Year)</small></p>
<p>Seasonal Influenza: The current seasonal influenza vaccination is required of all personnel who will be in this facility at least one day during established influenza season timeframes. (October – March)</p>	<p>Date of Influenza vaccine: _____ Where was vaccine administered? <small>(Month) (Day) (Year) (i.e. Kroger, Central Baptist Hospital, Primary Care Provider)</small></p> <p>If your influenza vaccine is not administered at UHS, please send your documentation Leslie Ehrmantraut at laharg3@email.uky.edu or Mindy Scott at mindy.scott@uky.edu</p>

CONTACT INFORMATION: uhsnurse@uky.edu

* Healthcare provider: MD, PA, or APRN