Dear USC Visiting Student,

I would like to extend a warm welcome to the USC Health Science Campus. The USC Eric Cohen Student Health Center (ECSHC) will process your immunization paperwork to help you gain compliance for your clerkship.

Please take the time to review this packet carefully and be sure you meet all of our health clearance requirements. If you have any questions, please contact the health clearance line at 323-442-5980 or contact the visiting students’ coordinators Roxie Solano or Bobby Cong by email at rsolano@usc.edu or bcong@med.usc.edu with subject “Visiting Student”.

If you would like to complete your health clearance requirements (i.e. blood tests, TB tests, etc.) at our health center, please visit http://ecohenshc.usc.edu/health-clearance/prices/.

Although our time with you will be short, we hope to be of service to you. If you are not able to complete all your immunization compliance regulations prior to coming to USC, we will be able to assist you by providing that service on a cash pay basis.

We look forward to seeing you soon.

Fight On!

[Signature]

Kimberly Tilley, MD
ECSHC Medical Director
The following requirements are **MANDATORY** and are to be completed at your expense in order to participate in clinical coursework.

1. Documentation of vaccination and positive IgG titers (blood tests) to the following:
   a. Hepatitis B
   b. Measles, Mumps, Rubella (MMR)
   c. Varicella
2. TB clearance
3. TDaP Vaccine (Must be from 2006 or later)

**The above information needs to be entered by you into your VSAS account**

**Health Requirement Explanations**

**MEASLES (RUBEOLA), MUMPS AND RUBELLA (MMR) and VARICELLA**

You must have your blood drawn to show proof of immunity to Measles, Mumps, Rubella (MMR) and Varicella (even if there has been a history of infection).

**Lab tests required**: Measles IgG, Mumps IgG, Rubella IgG, and Varicella IgG

**IMPORTANT**

*Submitting proof of having received the vaccines is not acceptable. All titer results must be submitted as copies of lab reports. Physician documentation as positive or negative alone will not suffice. All results must be translated to English.*

**HEPATITIS B**

You must have your blood drawn in order to show proof of immunity to Hepatitis B. Documentation of three doses of Hepatitis B vaccine is not sufficient. The Hepatitis B surface antibody **quantitative** titer (HBsAb) is mandatory for compliance.

*Known Hepatitis B carriers* must provide Hepatitis B surface antibody **quantitative** titer, Hepatitis B surface antigen, Hepatitis B core antibody, Hepatitis Be antigen qualitative, and Hepatitis B PCR results.

**TETANUS/DIPHTHERIA AND PERTUSSIS BOOSTER (TDaP)**

**TDaP** Booster must have been received in 2006 or later

**TUBERCULOSIS SCREENING**

Two TB Mantoux Skin Tests (PPD)-

- One PPD must be performed 5 months or less prior to your start date
- The second PPD can be within a year prior to your start date

*If you have tested positive for TB Mantoux Skin Test (PPD), you will need to submit results of an IGRA (QuantiFERON-Gold or T-spot) or a Chest X-ray within the last year for compliance.*
Please attach copies of all serology reports. All reports must be translated into English!

   **Result:**
   - □ Positive
   - □ Negative or Inconclusive: Please provide documentation of previous Hep B Vaccines: #1,#2,#3.
     Give 1 Hepatitis B booster AND repeat titers 30 days after booster.

   **Note:** Hepatitis B carriers require additional blood tests
   Hepatitis B Surface Antigen, Hepatitis B core Antibody and Hepatitis B e Antigen (Must provide lab reports)

2. **Titer: Measles (Rubeola) IgG**
   **Result:**
   - □ Positive
   - □ Negative or Inconclusive: Please provide documentation of previous MMR vaccines #1 @ 1yr then #2 after 4 yrs AND Give 1 booster AND repeat titer 30 days after booster (Must provide lab reports)

3. **Titer: Mumps IgG**
   **Result:**
   - □ Positive
   - □ Negative or Inconclusive: Please provide documentation of previous MMR vaccines #1 @ 1yr then #2 after 4 yrs AND Give 1 booster AND repeat titer 30 days after booster (Must provide lab reports)

4. **Titer: Rubella IgG**
   **Result:**
   - □ Positive
   - □ Negative or Inconclusive: Please provide documentation of previous MMR vaccines #1 @ 1yr then #2 after 4 yrs AND Give 1 booster AND repeat titer 30 days after booster (Must provide lab reports)

5. **Titer: Varicella IgG**
   **Result:**
   - □ Positive
   - □ Negative or Inconclusive: Please provide documentation of previous Varicella vaccine series #1 & #2, AND Give 1 booster AND repeat titer 30 days after booster (Must provide lab reports)

6. **Vaccination: Tetanus/Diphtheria/Pertussis Booster (TDap):**
   Must be placed ten years or less from your official school start date.
Eric Cohen Student Health Center of USC

7. TB Screening / IGRA Test:
    Please fill out the attached TB questionnaire and follow the instructions for your required documentation.
    Must submit proof of either a PPD Skin test or Lab report
    ▪ For the two PPD skin tests, one must be placed 5 months or less from start date and another one within the last 12 months. Must include date placed, date read and reading result (either Negative or Positive) with __ mm. They must be placed two weeks or more from each other.
    ▪ For TB lab reports, student health only accepts the T.Spot.TB® or the QuantiFERON®-TB Gold IGRA results. Full lab results must be submitted.

Tuberculosis Skin Test (PPD):

<table>
<thead>
<tr>
<th>PPD 1. Date Placed: ___________________________ Date Read: ___________________________ (Within 5 months prior to elective)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induration: ___________mm</td>
</tr>
<tr>
<td>PPD 2. Date Placed: ___________________________ Date Read: ___________________________ (Within calendar year of elective)</td>
</tr>
<tr>
<td>Induration: ___________mm</td>
</tr>
</tbody>
</table>

OR

IGRA Tuberculosis Blood Test:

<table>
<thead>
<tr>
<th>IGRA Tuberculosis Blood Test (TSpot®.TB or QuantiFERON®-TB Gold) Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Negative</td>
</tr>
<tr>
<td>☐ Borderline/Inconclusive → Repeat test for definitive results</td>
</tr>
<tr>
<td>☐ Positive → Provide proof of negative chest x-ray</td>
</tr>
</tbody>
</table>

Signature of Physician/Clinician_________________________________________ Date __________________________________
Eric Cohen Student Health Center of USC
TB Questionnaire Form

Name________________ DOB

1. Have you ever had a positive PPD/TB skin test?  □ Yes  □ No
2. Have you ever had the BCG Vaccine for tuberculosis?  □ Yes  □ No
3. Have you ever been treated for tuberculosis/ received INH treatment?  □ Yes  □ No
4. Were you born in or did you live in, as a child, in one of the countries listed below? If yes, please CIRCLE the country below.

- Afghanistan
- Algeria
- Angola
- Argentina
- Armenia
- Azerbaijan
- Bahrain
- Bangladesh
- Belarus
- Belize
- Benin
- Bhutan
- Bolivia (Plurinational State of)
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- China
- Colombia
- Comoros
- Congo
- Côte d'Ivoire
- Croatia
- Democratic People's Republic of Korea
- Democratic Republic of the Congo
- Dominican Republic
- Ecuador
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Gabon
- Georgia
- Ghana
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- India
- Indonesia
- Iran (Islamic Republic)
- Iraq
- Japan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Lithuania
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia (Federated States of)
- Mongolia
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Nicaragua
- Niger
- Nigeria
- Niue
- Pakistan
- Palau
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Korea
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Vincent and the Grenadines
- Sao Tome and Principe
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- Somalia
- South Africa
- South Sudan
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Syrian Arab Republic
- Tajikistan
- Thailand
- The former Yugoslav Republic of
- Timor-Leste
- Togo
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United Republic of Tanzania
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela (Bolivarian Republic of)
- Republic of
- Viet Nam
- Yemen
- Zimbabwe

If you answered YES to QUESTIONS 1 OR 2 OR 4, please get the T.Spot.TB® or the QuantiFERON®-TB Gold IGRA lab test within 2 months of your academic start date. Full lab results must be submitted.

If you answered YES to QUESTION 3, regardless of another answer above, you must submit a chest x-ray report taken within 3 months of your program start date AND a past medical history of your positive PPD.

If you answered NO to QUESTIONS 1 - 4, then you can either submit a T.Spot.TB® OR the QuantiFERON®-TB Gold IGRA results OR get a two-step PPD Skin test.

- A two-step PPD skin test is two PPD tests done no sooner than two weeks apart from each other. That means one placement and one reading, then at least a two week waiting period, then another placement and reading.
  - Test Timeline Specifics:
    - If you have had a TB skin test placed within 12 months prior to your program start date, then this test can be your baseline TB test. The second TB test needs to be placed within 5 months of your program start date.
    - If you haven’t had a TB skin test placed within 12 months from your program start date, then you should get your baseline (or first) test as soon as possible upon receipt of this packet. A second TB skin test should then be placed at least 2 weeks after the baseline test AND within 5 months of your program start date.
    - If any of the TB skin tests are positive, follow instructions for number 1 above.