

ERIC COHEN STUDENT HEALTH CENTER

USC Student Health Services
Health Sciences Campus

Student Name _____ Social Security # _____ DOB _____

Contact Address _____

Phone # _____ Cell / Pager # _____

Clerkship Name _____ Date of Clerkship _____

Immunization/Serology Records

1. TB Screening:

(test must be given **5 months or less** prior to start date)

Date Placed: _____

Type: _____

Date Read: _____

Millimeters of Induration: _____

NOTE: Student with a previous history of a positive tuberculin skin test **must submit a current radiology report of a chest-x-ray** taken within **11** months of start date. BCG alone is not acceptable as a positive history unless a skin test has been given and the result was 10mm or greater.

2. Tetanus/Diphtheria Booster:

Must have been received within the last ten years. Booster date: _____

3. Measles (Rubeola), Mumps, Rubella, Varicella:

Measles (Rubeola)

Titer date/results: _____

*** Must provide copy of lab report**

Mumps

Titer date/results: _____

*** Must provide copy of lab report**

Rubella

Titer date/results: _____

*** Must provide copy of lab report**

Varicella

Titer date/results: _____

*** Must provide copy of lab report**

4. Hepatitis B Series:

Series #1 date: _____ #2 date: _____ #3 date: _____

Hep. B Surf Ab date/results: _____

***Must provide copy of lab report**

***Negative Hep. B Surf Ab Titer requires additional titers**

Hep. B Core Ab date/results: _____

*** Must provide copy of lab report**

Hep. B Surf Ag date/results: _____

*** Must provide copy of lab report**

Hep. B e antigen date/results: _____

*** Must provide copy of lab report**

(Note: non-converters must repeat the series in attempt to provide immunity)

Known Hepatitis B carriers require:

Hep B Surf Ab, Hep B Surf Ag, Hep B core Ab and Hep B e Ag (**Again must provide lab reports**)

Health Service Designee Title Date