



# JABSOM IMMUNIZATIONS

Preparing for clerkships

# MISCONCEPTIONS OF TB CLEARANCE

- You need to submit your TB update the month it is due
- Constantly revolving clearance depending on when you start at the facility or completed a particular immunization form
- Several facilities require TB clearance valid of 9+ month or 3+ month
- Know when your last TB or IGRA, T spot, Chest X-ray on file is so you will be prepared if you have to submit a more recent one.
- 2-Step TB generally will require 4 visits
  - 1<sup>st</sup> Visit: Receive first test placement
  - 2<sup>nd</sup> Visit: Reading of first placement within 48 – 72 hours
  - 3<sup>rd</sup> Visit: Placement 1 – 3 weeks following the first placement
  - 4<sup>th</sup> Visit: Reading of second placement within 48 -72 hours
- All forms require the dates for each visit

# YEARLY UPDATES OF TB CLEARANCE, INFLUENZA VACCINATIONS

## HOME CLINIC IMMUNIZATIONS

Fall – Influenza Clinic

Spring – TB Clinic

Please note there is a delay in the documentation sent to UHP

Best to always make sure you have your own copy of the immunization

## IMMUNIZATIONS FROM YOUR OWN PRIVATE INSURANCE

For the yearly influenza most insurances you may go to any pharmacy to have it administered

For Kaiser & Tricare you may need to make an appointment or see if their RX plan will allow for you to have an immunization at any pharmacy.

CVS, Time's Supermarket, Safeway, Walmart, Costco, Sam's Club

## X-Ray, IGRA or T-spot, Serology via your insurance

Will always need an order from an APRN, PAs or MD

Will need appointment with your PCP, UH health services, CVS minute clinic, or urgent care clinic based on your insurance coverage.

Insurances may not cover

# TIPS TO ENSURE YOU HAVE DOCUMENTATION

## BE PREPARED

- Recommend to take photos, scan your immunizations – send them to the cloud, forward them to your PCP, access via your Mychart or online EHR portal for your records.
- For serology lab results make your own account to access your results for DLS or Clinical Labs.

## BE DETAILED

- For one step TB updates please make sure you have the placed date, read date and mm in duration on the documentation.
- Facility immunization forms will require all these details.
- Need your full name and DOB on all documentation.

## AAMC IMMUNIZATION FORM SUBMISSION PROCESS

1. COMPLETE THE TOP PORTION OF THE FORM
2. SUBMIT IMMUNIZATION/SEROLOGY UPDATES
3. QUANTITATIVE HEPBSAB SEROLOGY IS REQUIRED > 10 MIU/ML
4. COMPLETE THE TWO DOH TB SYMPTOM & RISK FORMS FOR SECTION A
5. FOR SECTION B OF TB SCREENING HISTORY IS ONLY SYMPTOM FORM
6. PROCESSING TIME IS 7 – 10 BUSINESS DAYS



### AAMC Standardized Immunization Form

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>DOB:</b>		<b>Street Address:</b>			
<b>Medical School:</b>		<b>City:</b>			
<b>Cell Phone:</b>		<b>State:</b>			
<b>Primary Email:</b>		<b>ZIP Code:</b>			
<b>AAMC ID:</b>					

**MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and (1) dose of Rubella; or serologic proof of immunity for Measles, Mumps and/or Rubella. Choose only one option.**  
*Note: a 3<sup>rd</sup> dose of MMR vaccine may be advised during regional outbreaks of measles or mumps if original MMR vaccination was received in childhood.*

**Copy Attached**

Option1	Vaccine	Date

# MORE SPECIFICALLY WHAT IS REQUIRED:

Current TB/IGRA, Tspot or TB Screening forms and Quantitative HepBsAb serology.

Meningococcal has to be within 5 years, East Coast States this require this vaccination.

April is when submission for the away rotations begins.

You may submit any additional immunization form requests for signature.

Other states may have additional vaccine requirements.

# USING YOUR IMMUNIZATION RECORDS

You may use the immunizations that you already have on file.

Email [Jabsommr@ucera.org](mailto:Jabsommr@ucera.org) to request the AAMC form to be completed.

Your records will be reviewed and we will submit on your behalf.

You may submit any additional immunization form requests for signature.



# OTHER NOTABLE ITEMS

## Tuberculosis Screening History

- 2 Step TB for most states is two one Step TB in a year time frame
- Hawaii state 2 Step TB is two within 7 – 21 days
- IGRA or T-Spot will also fulfill the TB requirement
- Chest Xray is only required if you are having symptoms or a positive TB result
- DOH TB Symptoms and TB risk forms will need to be completed for AAMC

## Hepatitis B Vaccination

- Best practice is to always complete the vaccination series
- Be aware that there is a 2 dose HepB Vaccine if you have to repeat the series. Heplisav-B
- If your 2<sup>nd</sup> series of HepB vaccinations is still under 10 mIU/mL, you will need more labs
- Non-responders require Hepatitis B surface Antigen & Core Antibody labs
- The student should acknowledge the he/she is still susceptible to HBV and any potential exposure mandates testing



# N95 MASK FIT CLEARANCE

- Required to make an appointment with JABSOM Environmental Health and Safety Office
- Please complete the Medical Student Precertification form found in our FAQs online
- UHP Processing time is 7 – 10 business days.
- UHP Clearance letter will be sent to student.
- Student will have to complete an online respirator training prior to the appointment. Hours are Mon – Fri 9 am – 4 pm. Please check with OSA and email [ljohns@hawaii.edu](mailto:ljohns@hawaii.edu) & [rozalia@hawaii.edu](mailto:rozalia@hawaii.edu) to set up an appointment



The faculty practice of the John A. Burns School of Medicine

## Medical Student Precertification Evaluation for Respirator Fitness Testing

Name: \_\_\_\_\_ Graduating Class: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Questionnaire to determine fitness to be tested to wear a N95 approved respirator/mask. These masks are tight fitted to the face. Please check each item **YES** or **NO**. If you check **YES**, please provide an explanation. All questions must be answered. Address any questions to: UHP at [JABSOMMR@UCERA.ORG](mailto:JABSOMMR@UCERA.ORG)

1. Have you worn an N95 or similar respirator/mask before? \_\_\_ No \_\_\_ Yes  
(If yes, what type/for what purpose?) \_\_\_\_\_
2. If yes, have you had problems wearing a respirator/mask? \_\_\_ No \_\_\_ Yes Explain \_\_\_\_\_
3. Do you have anxiety problems that would make wearing a respirator mask difficult for you? \_\_\_ No \_\_\_ Yes
4. Do you have a beard or mustache? \_\_\_ No \_\_\_ Yes Explain \_\_\_\_\_

# MAHALO!

- Please visit our webpage at: <https://uhphawaii.org/index.php/jabsom-immunizations/>
- We also have a YouTube page linked on our webpage
- Email us at: [JABSOMMR@UCERA.ORG](mailto:JABSOMMR@UCERA.ORG) or call us at (808) 469-4980