



**Prior to emailing make sure you have collected and understand the following:**

- TB clearance of Quantiferon, T-spot or Two Step PPD have to be current after May of the year you are matriculating.
  - If you have ever tested positive on a PPD or Positive Quantiferon / T-Spot. Chest X-ray has to be current of the year you are matriculating, Annual TB Symptom Questionnaire, placed, read dates of the PPD with the mm in duration noted along with date and whether or not medication was taken.
- Lab reports are preferred over the patient portal documentation of the serologies as particular elective immunizations forms may require them.
- Official COVID-19 Vaccination documentation is required.

Did you combine all documents into a single PDF? (Do not email these instructions; do not send a word document or use cell phone pictures; please do not put multiple images on one page. Use a good quality scanner or dedicated scanning app.)

**Documents not in proper format will not be reviewed and health clearance will not be granted.**

Email [jabsommr@ucera.org](mailto:jabsommr@ucera.org) No later than 7 days prior to your matriculation date

Students from out of state should check with their insurance carrier to identify local in-network providers for their ongoing healthcare needs. Students will be financially responsible for any healthcare expenses they incur for their re-immunization process.

## **IMMUNIZATIONCHECKLIST**

**Please check to be sure your health care provider recorded all dates/  
results on your immunization record:**

If you were always negative on a two-step PPD:

- \_\_\_\_\_ **Two Step PPD OR Quantiferon / T-spot** for No history of prior TB  
disease or LTBI  
– **Tests done prior to May are not acceptable**

If you ever tested positive on a PPD, will need the following:

\_\_\_\_\_ **History of LTBI, Positive TB Skin test or IGRA / T-Spot**

- (1) Placed and Read Date with the mm in duration noted
- (2) Results of current chest x-ray (taken the year of matriculation)
- (3) Annual TB Symptom Questionnaire
- (4) Date and whether or not medication was taken, and
- (5) Name of medication and the dates of therapy, if applicable

\_\_\_\_\_ **Tetanus/Diphtheria/Pertussis-Initial Series and Tdap** vaccine  
within last 10 years required

\_\_\_\_\_ **Polio-** Initial Series (3 immunizations) **and** Booster (one after age 4)

\_\_\_\_\_ **MMR** (two immunizations after January, 1968)

\_\_\_\_\_ **Measles-** Rubeola IgG Antibody Titer

\_\_\_\_\_ **Mumps-** IgG Antibody Titer

\_\_\_\_\_ **Rubella-** IgG Antibody Titer

\_\_\_\_\_ **Varicella-** IgG Antibody Titer

\_\_\_\_\_ **Hepatitis B-** Initial Series (3 immunizations) **and Quantitative Surface  
Antibody**

\_\_\_\_\_ **COVID-19 vaccination including current booster**

- ***Serology documents must be within the last 5 years***
- ***You must submit an appropriate, clear copy of all documentation in PDF format.***
- ***Lab reports must include patient name, date of results, name and address of performing lab, and reference ranges. Screenshots and flowsheets are not acceptable documentation.***

**NOTE:** If any of your serology results are negative or equivocal, you are required to re-immunize for the virus(es)  
series and obtain repeat serology(ies).

Questions may be directed via phone call (808) 469-4980 or email [JABSOMMR@ucera.org](mailto:JABSOMMR@ucera.org).

For more information, please visit our webpage at <https://uhphawaii.org/index.php/jabsom-immunizations/>