

Immunization Requirements

1. Tetanus/Diphtheria: One dose of Td within the past ten (10) years.
2. Measles (Rubeola): Those born on or after January 1, 1957
 - Two doses of measles vaccine on or after the first birthday, at least 30 days apart; or
 - At least one dose of measles vaccine prior to patient contact and completion ASAP; or
 - Immunity to measles (M.D.-validated illness or serology).
3. Rubella
 - One dose of rubella vaccine on or after the first birthday; or
 - Serologic immunity to rubella.
4. Mumps: Those born on or after January 1, 1957
 - One dose mumps vaccine on or after the first birthday; or
 - Immunity to mumps (M.D.-validated illness or serology).
5. Hepatitis B: A complete series of hepatitis B vaccine or serologic confirmation of immunity prior to enrollment.

All international visiting students must show proof of immunizations/serologic confirmation (all foreign documentation must be translated into English) at the time of application. Elective approval will be denied if documentation is not provided.

By law, each school is required to maintain records of the immune status of each of its enrollees, which are to be available for inspection upon the request of state or local health authorities, and to make an annual report of the vaccine status of its enrollees.

TB Testing Requirements

In addition to the immunizations listed above, Tulane requires proof of a TB test (Mantoux or PPD) and the results. If the TB test was positive, certification of a negative chest x-ray is required.

Immunization Certification Form

This form must be completed, signed, and submitted to Tulane University School of Medicine, Office of Student Affairs, prior to starting any rotation.

Student's Name: _____
(Please Print)

Student's Signature: _____

Student's Medical School: _____

I hereby certify that the above named individual has been tested for and found immune, or immunized if found susceptible, to Rubella and Rubeola.

Signature of Dean of Student Affairs

Date: _____

I hereby certify that the above named individual has immunity to mumps (check one):
____ by having had the illness or
____ by serologic immunization

Signature of Dean of Student Affairs

Date: _____

I hereby certify that the above named individual has taken a complete series of Hepatitis B vaccine or that this individual has serologic confirmation of immunity.

Signature of Dean of Student Affairs

Date: _____

Certification of TB Screening

I hereby certify that the above named individual has been screened for TB and found to have a NEGATIVE response to the TB screening.

_____ Date: _____
Signature of Dean of Student Affairs

I hereby certify that the above named individual has been screened for TB, was found to have a POSITIVE response, but subsequently had a negative chest x-ray, which was taken on _____(date).

_____ Date: _____
Signature of Dean of Student Affairs

(University seal/stamp)

Signed form should be sent, along with application, processing fee, and other necessary documents to:

Office of Student Affairs
Tulane University Medical School
1430 Tulane Avenue, SL-63
New Orleans, LA 70112
USA