

University of Rochester Medical Center
Strong Memorial Hospital

Short Term Observational Experience Immunization Requirement Checklist

Name _____ Date _____

Information verified*: _____

Y/N	Required Documentation Submitted with Confirmation	Date
	Documentation of Annual Flu Shot – seasonal is required from October 1 st – April 1 st	
	Written results of Tuberculin (Mantoux only) skin test administered within one year of read for the duration of the observation experience. If positive documentation of one negative chest x-rays is required.	
	Documentation of Rubeola (measles) verification, 2 doses after 1/1/68, and or immunity	
	Documentation of immunity to Rubella and/or immunity	
	Documentation of Mumps and/or immunity	
	Documentation of history of illness of Varicella (chickenpox) OR Documentation of 2 doses of Varicella vaccine, 4 weeks apart and or immunity	
	Documentation of Hepatitis B vaccine series, of immunity, or signed declination waiver	
	Documentation of Tetanus Diphtheria (Td) vaccination within 10 years	

***Observer to bring written documentation of immunizations from provider or school. Written documentation not required from schools we have a contract with for clinical placement.**