Penn Nursing
University of Pennsylvania

Required Immunizations for **Healthcare Professional (HCP) Students**

Please Note: Requirements should be completed ***before*** arriving on campus. Vaccine documentation must include at least the month and year.

Hepatitis B

- 3 Dose Series and Titer (Doses 1 and 2 must be administered at least 4 weeks apart. Dose 3 should be at least 6 months after the 1st dose and 8 weeks after the 2nd dose. If documentation of each dose of the completed series is unavailable, students will need to have a 3-dose series administeredagain). Since the series can take up to 6 months the school of nursing will consider you compliant until the series is completed.

AND

- Positive titer (blood test report showing immunity)
  - Negative titer requires booster dose AND repeat titer in 4 weeks

Please Note:

- Hepatitis B Non-Responder (Negative titers after 2 full series):
  - Submit two completed 3 dose series **AND** submit two negative titers **Then** schedule a Student Health Service (SHS) Primary Care appointment upon arrival to campus
- History of Hepatitis Illness
  - Submit medical documentation and bloodwork reports **AND** schedule a SHS Primary Care appointment upon arrival to campus

Measles, Mumps, Rubella (MMR)

- 2 Dose Series (Dose 1 must be administered after the 1st birthday; Doses 1 and 2 must be administered at least 4 weeks apart)

OR

- Positive titer (blood test report showingimmunity)

Tetanus-Diphtheria-Pertussis (Tdap - Adacel or Boostrix)

- One-time dose of Tdap (tetanus, diphtheria and acellular pertussis) required, with Td (tetanus, diphtheria) boosters every 10 years thereafter

Please Note: A Td vaccine alone does not satisfy this requirement. A DTP primary series is not accepted

Varicella (Chicken Pox)

- 2 Dose Series (Dose 1 must be administered after the 1st birthday; Doses 1 and 2 must be administered at least 4 weeks apart)

OR

- Positive titer (blood test report showing immunity)

Please Note: History of Varicella illness (Chicken Pox) is not accepted

Meningococcal A, C, Y, and W-135 (All Students Living On Campus)

- 1 dose administered at age 16 or older of Meningococcal vaccine (A,C,Y,W-135)
  - Age 21 or younger: Submit proof of vaccination
  - Age 22 or older: Submit proof of vaccination **OR** Meningococcal Vaccine Waiver Form found on the SHS website

Tuberculosis (TB)- School of Nursing Highly Recommend the IGRA Blood Test

- 2-step PPD required. 1st step can be accepted from a US provider in last 12 months. 2nd step must be completed on campus. IGRA blood test (Quantiferon TB Gold, T-Spot-TB) taken within last 6 months can take place of 2-step PPD.

Influenza (Flu Shot)

- 1 dose annually. School of Nursing flu deadline is November 1st.

COVID-19

- Students must be up to date as per CDC guidelines; this currently entails all doses in the primary series and one booster when eligible. All FDA-approved and WHO-finalized vaccines are accepted.

Other Requirements

Physical Exam

- Full-time and or returning students can receive this evaluation at SHS with a scheduled appointment (no additional charge, covered under the University Clinical Fee).

Per HIPAA regulations, we cannot share your information amongst the School of Nursing and Student Health Services. Therefore, students must turn in immunization and physical exam forms to Student Health Services and the School of Nursing

You will need to submit the immunization and physical exam forms to both Complio and SHS.

Submit to Complio: https://upenn.complio.com/

Do not send immunization records through email; please see https://wellness.upenn.edu/immunization-submission-instructions for instructions on submitting records online.

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Immunization Form for Healthcare Students

Last Name	First Name	Date of Birth (mm/dd/yyyy)
Email	Penn Identification Number (8 digits if known)	

REQUIRED

MMR 2 doses required or individual vaccines as listed below. 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)		Dose #2 (mm/dd/yyyy)
OR			
Measles (Rubeola) 2 doses required; 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)	or laboratory evidence of immunity. Upload lab report (re-vaccinate for negative titer)
Mumps 2 doses required; 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)	or laboratory evidence of immunity. Upload lab report (re-vaccinate for negative titer)
Rubella (German Measles) 1 dose required; 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)		or laboratory evidence of immunity. Upload lab report (re-vaccinate for negative titer)

REQUIRED

Hepatitis B 3 doses required	Dose #1 (mm/dd/yyyy)	Dose #2(mm/dd/yyyy)	Dose #3 (mm/dd/yyyy)	Titer (mm/dd/yyyy)
Tetanus-Diphtheria-Pertussis (Tdap) one-time dose after age 10 (Adacel or Boostrix)	TDAP Date (mm/dd/yyyy)	Circle One: Tdap or Td (if TDAP is greater than 10 years)		Last booster date (mm/dd/yyyy)
Varicella (Chicken Pox) 2 doses required or history of illness of illness accepted with positive titer	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy) **OR** Check here for history of illness ☐		Titer required if box is checked. Upload lab report (re-vaccinate for negative titer)
Meningococcal ACYW-135 1 dose since age 16 if living in campus housing		Last dose date (mm/dd/yyyy)	List vaccine name: OR Serogroups covered: _____	
Tuberculosis (TB) 2-step PPD required. 1st step can be accepted from a US provider in last 12 months. 2nd step must be completed on campus. IGRA blood test (Quantiferon TB Gold, T-Spot-TB) taken within last 6 months can take place of 2-step PPD. Must upload laboratory evidence in Wellness Portal.			Date placed (mm/dd/yyyy)	Date read (mm/dd/yyyy) / Size (mm)
COVID-19 (SARS-CoV-2) Students must be up to date as per CDC guidelines; this currently entails all doses in the primary series and one booster when eligible. All FDA-approved and WHO-finalized vaccines are accepted.	Manufacturer and date of dose #1 (mm/dd/yyyy)	Manufacturer and date of dose #2 (mm/dd/yyyy)	Manufacturer and date of Booster (mm/dd/yyyy)	Manufacturer and date of Booster (mm/dd/yyyy)
Influenza (Deadline November 1st)				

Recommended

The vaccines listed below are recommended based on age or disease criteria. Please check with your clinician.

Hepatitis A 2 doses	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)	
HPV (Human Papillomavirus) Circle One: HPV4 or HPV9	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)	Dose #3 (mm/dd/yyyy)

PROVIDER INFORMATION

SIGNING PROVIDER IS VERIFYING ALL DATES ABOVE ARE ACCURATE

Provider Name (Please Print)		Credentials
Address	Phone	Date (mm/dd/yyyy)
Clinical or Organization Stamp	Signature	

Exemptions from requirements: please go to https://wellness.upenn.edu/faqs-immunization-requirements for more information.
Do not send immunization records through email; please see https://wellness.upenn.edu/immunization-submission-instructions for instructions on submitting records online.
If you have questions or need your records translated, please contact us at (215) 746-4200 or email wel-immun@pobox.upenn.edu.

The University of Pennsylvania reserves the right to ask for additional documentation.