TUFTS UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF INTERNATIONAL AFFAIRS

FOR OFFICE USE: APPLICATION NUMBER

HEALTH TESTING/IMMUNIZATION FORM FOR INTERNATIONAL CANDIDATES

Please fill out form in Adobe Reader (free download available here). When complete, save with a new document Name (e.g., Abdel Haddad Health Form) before sending. Do not submit with hand-written responses

The following infection control testing/immunization requirements need to be satisfied and a release signed by the hospital's Employee Health Department before you begin your service:

TUBERCULOSIS (TB) SCREENING (written proof will be required)

I have had a negative TB skin test within the last six months YES ☐ NO ☐

I have had a previous positive TB skin test YES ☐ NO ☐
(Evaluation/treatment documentation & chest x-ray report will be required)

Note: If you cannot show evidence of having had a recent TB skin test, most hospital Employee Health Departments will complete this testing as part of your health clearance. The Employee Health staff will make arrangements for this testing. (Check in advance that this service will be provided.)

TETANUS AND DIPHTHERIA (Td) BOOSTER (written proof will be required)

I have had a Td booster within the past 10 years YES ☐ NO ☐

Note: If you are unsure of your status, or cannot provide documentation, most hospitals will provide you with an updated booster as part of your health clearance.

MEASLES, MUMPS AND RUBELLA. MMR (written proof will be required)

I have had two vaccinations, or a blood test result, showing that I have immunity (protection) against these viruses YES ☐ NO ☐

Note: Please call your hospital's Employee Health Department to discuss optional verification.

HEPATITIS B IMMUNIZATION (if applicable, documentation of the dates will be required)

If have had the 3 vaccines series YES ☐ NO ☐

Note: If you have not received the vaccine, you will need to obtain it, or sign a waiver that you decline the vaccination.

CHICKENPOX (VARICELLA) (verbal acknowledgement is sufficient)

I know that I have had chickenpox YES ☐ NO ☐

Note: If you are not sure, then a blood test can determine whether you have had this infection in the past.

FLU SHOT (written proof will be required)

I have had a flu shot this season YES ☐ NO ☐ Date (mm/dd/yyyy)

Note: Most hospitals require annual vaccination prior to the official start of the November 1-March 31 flu season. Exemptions are granted only for those with a bona-fide need for a medical or religious accommodation, and they must wear a mask at all times while in the hospital. Contact your Employee Health office to schedule a shot, if necessary.