Immunization Instructions

The University of Michigan School of Dentistry requires all incoming DDS students to have completed a Record of Required Immunizations form. As a health professions student, you are in close contact with patients and other health care providers and can be exposed to a number of diseases. Thus, we require students to demonstrate protection and immunity by completion of the attached form.

Please complete and return the Record of Required Immunizations form no later than January 31, 2018.

Staff members of the Office of Admissions are not trained to read or review medical lab reports. Please DO NOT send your lab reports to our office.

REQUIRED IMMUNIZATIONS

A. Hepatitis B Vaccination
   • In addition to the Hepatitis B vaccination series, all students MUST have the Hepatitis B Immune Titer. If your test results for the titer are negative then you must receive a Hepatitis B Booster and a repeat Titer to show immunity.

B. Measles, Mumps, and Rubella
   • Students need two documented doses of the MMR vaccine.

C. Tuberculosis
   • Students are required to have a PPD skin test dated January 1, 2017 or later. If you test positive then you are required you have a chest x-ray to confirm that your immune system is normal and that you do not have tuberculosis.

D. Varicella (Chicken Pox)
   • Students need two documented doses of the Varicella vaccine or must have had chicken pox in the past. If you have not had chicken pox and have not received the vaccinations, you MUST receive a Varicella Booster and a follow-up titer.

E. Tetanus/Pertussis
   • All students must have the one-time booster for Tdap.

REMEMBER TO...
Have your Health Care Provider fill out your immunization form completely so it will be processed quickly. Additionally, please do not send us your lab reports. The admissions staff is not trained to review your medical lab reports.

WHO CAN YOU CONTACT FOR MORE INFORMATION?
If you have additional questions after reading the information above, you can call 734-763-3316 or email ddsadmissions@umich.edu
**Record of Required Immunizations**

(Must be completed/ returned by January 31, 2018)

**Student MUST communicate any missing piece of the below sections to the Office of Admissions with a plan of action**

<table>
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| **Hepatitis B Series** | (Three shot series)  
Dates Administered: [ ] #1 (Month/Year)  
[ ] #2 (Month/Year)  
[ ] #3 (Month/Year)  
[ ] a minimum of 30 days after Hepatitis #1  
[ ] a minimum of 6 months after Hepatitis #1  

Hepatitis B Surface Antibody Titer: **HEP B TITER REQUIRED AFTER SERIES**  
Result (circle one): [ ] POSITIVE  
[ ] NEGATIVE*  

*If titer is NEGATIVE, then a Booster is REQUIRED  
Booster Date (Month/Year): ________________________  

Hepatitis B Surface Antibody Titer: **HEP B TITER REQUIRED AFTER BOOSTER**  
Result (circle one): [ ] POSITIVE  
[ ] NEGATIVE*  

| **Measles, Mumps, and Rubella Series** | (Two shot series)  
Dates Administered: [ ] #1 (Month/Year)  
[ ] #2 (Month/Year)  

**Tuberculosis:**  
PPD skin test dated January 1, 2017 or later (Tine test unacceptable)  
Result (circle one): [ ] POSITIVE*  
[ ] NEGATIVE  
Date (Month/Year): ___________________________  

*If PPD Positive, a chest x-ray OR QuantiFERON-TB Gold test must be submitted  
Chest x-ray (done after the skin test conversion or within one year) (symptom review for active TB required)  
Date (Month/Year): ___________________________  
Result (circle one): [ ] POSITIVE  
[ ] NEGATIVE  
Quanti FERON-TB Gold test  
Date (Month/Year): ___________________________  
Result (circle one): [ ] POSITIVE  
[ ] NEGATIVE  

**Varicella (Chicken Pox):**  
Documented case of chicken pox? (circle one): [ ] YES  
[ ] NO  
OR Two doses of Varicella Vaccine  
Date Administered: [ ] #1 (Month/Year)  
[ ] #2 (Month/Year)  

*If NEITHER, a Varicella Booster is required with a follow-up titer in 6-8 weeks  
Titer Date (Month/Year): ___________________________  
Result (circle one): [ ] POSITIVE  
[ ] NEGATIVE  

**Tetanus/Pertussis:**  
One-time booster for Tdap  
Date (Month/Year): ___________________________  

**HEALTH CARE PROVIDER**

Name: __________________________________________________________________________  
Printed: ________________________________________________________________________  
Address: ________________________________________________________________________  
Phone: __________________________________________________________________________  

Signature: ____________________________________________________________  

Send completed forms by January 31, 2018 to:  
Email: ddsadmissions@umich.edu (Subject line: MATRICULATION FORMS)  
Fax: 734-764-1922 (Attn: Admissions - Matriculation Forms)