Immunization Instructions

The University of Michigan School of Dentistry requires all incoming DDS students to have completed Record of Required Immunizations form. At the School of Dentistry campus students are in close quarters and can be exposed to a number of diseases. The health of our campus community is important to us all.

Please complete and return the Record of Required Immunizations form no later than January 20, 2014.

The Admissions staff at the School of Dentistry 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 repeat the Hepatitis B vaccination series.

B. Measles, Mumps, and Rubella
   - Students born after January 1, 1957 need two documented doses of the MMR vaccine.

C. Tuberculosis
   - Students are required to have a PPD skin test dated April 1, 2013 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. Chicken Pox (Varicella)
   - If you have had chicken pox then you are not required to have the immune titer. If you have not had chicken pox but have received the Varicella Vaccination, you MUST also have the Varicella Immune 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
**UNIVERSITY OF MICHIGAN SCHOOL OF DENTISTRY**
**RECORD OF REQUIRED IMMUNIZATIONS**
(Must be completed/returned by January 20, 2014)

### PART I - TO BE COMPLETED BY THE STUDENT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Street Address: | |
|-----------------||
| City: | State: | Zip: |
|       |       |     |

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Date of Birth:</th>
<th>Today's Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART II - TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN **(Don't send lab report)**

#### A. Hepatitis B Vaccination
1.  Month/Year
2.  Month/Year
3.  Month/Year
4.  Immune Titer. Specify Test Results (Circle) POSITIVE OR NEGATIVE. Month/Year

#### B. Measles, Mumps, and Rubella
1.  Two Doses of MMR Vaccine Month/Year
2.  Born before 1957; immunization not required (DOB) Month/Year

#### C. Tuberculosis
1.  PPD skin test dated April 1, 2013 or later **(Tine test unacceptable)**
   - Give date and test results Month/Year
   - Result: pos neg
2.  If PPD Positive – Chest x-ray done after the skin test conversion or within one year.
   - Give date and result of chest x-ray Month/Year
   - Result: pos neg
3.  If PPD positive, symptom review for active TB required.
4.  OR - If Quanti FERON-TB Gold test used Result: pos neg

#### D. Chicken Pox (Varicella)
1.  Has patient had chicken pox? Yes No (circle one)
2.  Immune Titer. Specify Test Results (Circle) POSITIVE OR NEGATIVE. Month/Year

#### E. Tetanus/Pertussis
1.  Most recent Tetanus booster? Month/Year
2.  One-time booster for Tdap Month/Year

### HEALTH CARE PROVIDER

| Name: | Address: | |
|-------|----------||
|       |          | |

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Send completed form by January 20, 2014 to:*

**Email:** ddsadmissions@umich.edu (Subject line: MATRICULATION FORMS)
**Fax:** 734-764-1922 (Attn: Admissions - Matriculation Forms)*