

The Ohio State University College of Dentistry

**DENTAL HYGIENE
Master's Program**

IMMUNIZATION AND HEALTHSCREEN

OSU Student Health Services
1875 Millikin Road
Columbus, Ohio 43210-2200

Name

Birthdate

E-mail Address

Please have form completed by your physician or attach proper documentation. Submit completed form and/or other documentation to the Preventive Medicine Nurse at the address above or fax to 614-292-6001. Needed health screen requirements may be completed at the OSU Student Health Services. To schedule appointments at Student Health call 614-292-4321. Please address questions to the Preventive Medicine Nurse at 614-292-0146 or preventivemedicine@studentlife.osu.edu

PRIVACY INFORMATION: Student Health Services will exchange health information with your academic program only for purposes of determining compliance with program requirements under the Family Educational Rights and Privacy Act (FERPA).

IMMUNIZATION RECORD AND HISTORY OF PAST INFECTION

1. MMR (Measles, Mumps, Rubella)

Vaccine dates: #1 _____

#2 _____

OR individual vaccine dates:

Measles (2 doses required): #1 _____

#2 _____

Mumps (one dose required): _____

Rubella (one dose required): _____

NOTE: Positive serum antibody titers are acceptable in place of documented vaccines; please attach copy of lab reports

2. Varicella (Chicken Pox)

Copy of positive serum antibody titer

OR Vaccine dates: #1 _____

#2 _____

3. Hepatitis B vaccine series

Vaccine dates: #1 _____

#2 _____

#3 _____



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Columbus, Ohio 43210-1267
Ph: 614-292-2228

Name

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ALSO REQUIRED: Hepatitis B surface antibody blood test (NOT surface antigen) at least 1-2 months after #3 Hep B vaccine – this is required for all Dental Hygiene students except for those who show a positive Hepatitis B CORE antibody. **Please attach a copy of the lab report.** **The Hepatitis B vaccine series of 3 doses must be repeated for “negative” Hepatitis B surface antibody result.

4. Tetanus/Diphtheria (Td) (booster required every 10 years)***

***Tdap vaccine required if booster needed

Date of most recent booster: _____ Type of vaccine: _____

ADDITIONAL INFORMATION: (REQUIRED)

5. Tuberculin Skin Test: To be compliant for TB, you must complete either a two-step PPD test *or* an IGRA (Interferon Gamma Result Assay). You do not need to complete both. If you choose to have a PPD test, the entire 2-step PPD must be completed within the month of July 2015. An intradermal test is required; Tine is not acceptable. PPD tests must be read 48-72 hours after applied. PPD #2 must be completed within 7-30 days of PPD #1. If either the PPD or IGRA is positive, please contact the Preventive Medicine Nurse at Student Health Services. Documentation of your TB test should be submitted separately on the PPD Form.

6. Influenza vaccine. This is not required prior to matriculation; you should get the current influenza vaccine each autumn. Information for submitting documentation will be provided during autumn semester.

HEALTH PROVIDER INFORMATION

Please print name, address, and phone number



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