

**UT SOUTHWESTERN MEDICAL CENTER  
AT DALLAS**

**Student Health Services  
Immunization Requirements**

**Dear Students,**

**Please return the enclosed form to Student Health Services at the address listed below. All immunization requirements must be met prior to registration. The only acceptable explanation to not having all vaccinations complete is having to wait for the next dose in a series for accurate timing.**

**Immunizations may be obtained from your current University Student Health Services, private physician's office, City/County Health Department or other clinics.**

Acceptable documentation of immunizations includes one of the following:

1. The enclosed form filled out and signed by your health care provider.
2. Documentation of vaccines administered that include the signature or stamp of the physician or his/her designee, or public health personnel.
3. An official immunization record generated from a state or local health authority, such as a registry.
4. A record received from school officials.

Please note:

1. Vaccines administered after September 1, 1991, shall include the month, day, and year each vaccine was administered.
2. Enclose a copy of the laboratory report on all immune titers.  
(For medical students, many residency programs require immune titers for measles, mumps, rubella, varicella, and hepatitis B. If you have insurance which will cover the cost of immune titers, you are encouraged to obtain the titers now.)

**One of the following is required for each immunization:**

**Tetanus/Diphtheria:** Documentation of one dose of tetanus/diphtheria toxoid (Td) or tetanus-diphtheria, acellular pertussis (Tdap) within the past ten years. Tdap is recommended for all students with anticipated pediatric patient contact.

**Measles (Rubeola or Red Measles):** If you were born on or after January 1, 1957:

- (1) Documentation of two doses of measles vaccine administered since January 1, 1968 OR
- (2) Documentation of two doses of MMR vaccine administered since January 1, 1968 OR
- (3) Documentation of one dose of measles vaccine and one dose of MMR vaccine administered since January 1, 1968 OR
- (4) A positive titer (blood test) confirming immunity or evidence of prior infection (include copy of laboratory report)

**Mumps:** If you were born on or after January 1, 1957:

- (1) Documentation of one dose of mumps vaccine OR
- (2) Documentation of one dose of MMR vaccine OR
- (3) A positive titer (blood test) confirming immunity or evidence of prior infection (include copy of laboratory report)

**Rubella (German Measles):** If you were born on or after January 1, 1957:

- (1) Documentation of one dose of rubella vaccine OR
- (2) Documentation of one dose of MMR vaccine OR
- (3) A positive titer (blood test) confirming immunity or evidence of prior infection (include copy of laboratory report)

**Hepatitis B:** Hepatitis B is required for all students who will have contact with human or animal body fluids. This includes the following programs: 1) *Medical*, 2) *Medical Laboratory Sciences*, 3) *Blood Bank Technology*, 3) *Physical Therapy*, 4) *Physician Assistant*, 5) *Prosthetics and Orthotics programs*.

- (1) Documentation of three doses of Hepatitis B vaccine OR
- (2) A positive titer (blood test) confirming immunity or evidence of prior infection (include copy of laboratory report)

**Varicella (Chicken Pox):**

- (1) Documentation of two doses of varicella vaccine OR
- (2) A positive titer (blood test) confirming immunity or evidence of prior infection (include copy of laboratory report) OR
- (3) History of disease validated by yourself, your parent/guardian, or health care provider. You may enclose a letter written by you, your parent/guardian, or healthcare provider stating the approximate date or year that you had the disease.

**Tuberculin skin test (ppd):**

- (1) If you have never had a positive ppd: Documentation of one purified protein derivative (ppd) tuberculin skin test within the past year (must include the millimeters of induration whether positive or negative). If the skin test was positive, documentation of a chest x-ray is required. OR
- (2) If you have a history of a positive skin test: Include the approximate month, day, and year of positive test on the enclosed form, and documentation of a chest x-ray taken after the positive skin test.

**Please call if you have any questions regarding the required immunizations.**

**Mail or fax all immunization information to:**

**University of Texas Southwestern Medical Center  
Student Health Services  
5323 Harry Hines Blvd.  
Dallas, Texas 75390-8861  
Telephone (214) 645-8690 Fax (214) 645-8676**