

UNIVERSITY OF ROCHESTER
UNIVERSITY HEALTH SERVICE (UHS)
Required Medical Information for Incoming Residents

- **Time is limited during orientation week.** Anything you can do to facilitate completing the **mandatory requirements** prior to orientation and providing proper documentation to UHS is very much appreciated.
- **If you are in Rochester any time before Orientation Week please call 585-275-4955.** We can take care of some of the requirements then.

SUMMARY OF REQUIREMENTS:

1) Urine Specimen Collection drug screen – only to be done by University Health Service

2) Physical examination within 12 months of starting program– may be done by primary care provider, student health service or scheduled at University Health Service at the University of Rochester.

3) Vaccinations:

- ◆ **Two doses of MMR vaccine:** The first given on or after one year of age and the second given no sooner than 30 days after the first.

OR

- ◆ **Measles requirement:**
 - **2 doses of live vaccine** given on or after the first birthday: the doses must be given at least 30 days apart with the second dose after age 15 months, **OR**
 - **Physician documented** disease confirming immunity, **OR**
 - **Serologic test** showing positive titer,

AND

- ◆ **Mumps requirement:**
 - **2 doses of live vaccine** given on or after the first birthday: the doses must be given at least 30 days after the first dose and the second dose after age 15 months of age, **OR**
 - **Physician documented** disease confirming immunity, **OR**
 - **Serologic test** showing positive titer,

AND

- ◆ **Rubella requirement:**
 - **1 dose of live vaccine** given on or after the first birthday , **OR**
 - Laboratory report confirming rubella immunity.

4) Tuberculin Skin Test:

- ◆ **Two TST (Mantoux intradermal skin test) tests and interpretations are required, the first within one year of the second and the second within 3 months of the start of appointment,** unless history of past positive skin test is documented.
- ◆ **Chest x-ray: If past positive, a copy of the official radiology report is required.**

5) Tuberculosis N-95 Respirator:

- ◆ The Respirator Questionnaire should be submitted to UHS prior to fit testing. If you have been previously fit tested, provide a copy of the certification. If we use that style mask, you may not need to be refitted. Fit testing, for those that need it, will be provided at orientation.

6) STRONGLY RECOMMENDED IMMUNIZATIONS AND TITERS:

- ◆ **Hepatitis B vaccine:** The CDC strongly recommends hepatitis B vaccination. A post vaccine titer is required to assure immunity. A signed declination form **must be** completed if you decline the vaccine.
- ◆ **Varicella History:** If no confirmed disease history, serological testing is required. If negative, vaccination with 2 Varicella vaccines is strongly recommended. A signed declination form **must be** completed if the applicant declines vaccine.
- ◆ **Tetanus-Diphtheria or Tdap: Tetanus-Diphtheria** (initial series and booster every 10 years)

OR

Tdap The CDC recommends that health providers who have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received it.

Reference: 12/06 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a2.htm>

Important numbers: phone: (585) 275-4955, fax: (585) 276-0149, e-mail: btripp@uhs.rochester.edu