

**** 2024 IMMUNIZATION REQUIREMENTS ****

Incoming Residents/Fellows

DOCUMENTATION OF IMMUNIZATION RECORDS - BY THE FOLLOWING GUIDELINES:

***** YOUR NAME and DATE OF BIRTH must be on ALL PAGES & DOCUMENTS *****

Please upload your **childhood immunization/vaccine records** outlined on this list to MedHub by: **May 10, 2024**. We **do not** accept AAMC or similar printouts as proof of immunity. **Scan all documents** as a **.PDF file**. **NO PHOTOS** — we do not accept photos of documents. ****** Make sure your **name** and **date of birth** is on every page ******

Rubella (German measles) ONE of the following is required:

- Documentation of (1) dose of MMR vaccine on or after first birthday
- OR**
- Rubella IGG antibody titer showing immunity – **copy of the lab report must be submitted**

Rubeola (Measles) ONE of the following is required:

- Documentation of (2) doses of MMR vaccine on or after first birthday and separated by at least 28 days
- OR**
- Rubeola IGG antibody titer showing immunity – **copy of the lab report must be submitted**

Mumps ONE of the following is required:

- Documentation of (2) doses of MMR vaccine on or after first birthday and separated by at least 28 days
- OR**
- Mumps IGG antibody titer showing immunity – **copy of the lab report must be submitted**

Varicella (chickenpox) ONE of the following is required:

- Documentation of (2) doses of varicella vaccine on or after first birthday and separated by at least 28 days
- OR**
- Varicella IGG antibody titer showing immunity – **copy of the lab report must be submitted**

Hepatitis-B Surface Antibody Titer (IgG): (blood test is mandatory for Hep-B)

- **Copy of lab report must be submitted** indicating immunity for hepatitis-B antibody
- Documentation of Hep-B vaccine series is required
- If negative titer, booster vaccine(s) are available through Employee Health at no charge

Tetanus, Diphtheria, Pertussis Vaccination (Tdap) – Adults – strongly recommended for everyone. **Tdap is mandatory** for all: **Emergency Medicine, OB/GYN and Pediatric residents and fellows.**

- Documentation of (1) Tdap vaccination ≥ age 18

COVID vaccines –Strongly recommend, not mandatory.

- Please upload any COVID vaccines with your other immunization records

*** TUBERCULOSIS SCREENING REQUIREMENTS ***

Documentation and lab report from an IGRA blood test (QuantiFERON TB Gold or T-Spot) completed after 1/1/2024 is **mandatory**. We **strongly recommend** having an IGRA blood test completed **PRIOR** to arriving in Syracuse. * The last date to have **labs ordered** through the Employee/Student Health Office is **Friday, June 14, 2024** to ensure receiving the results in time to be medically cleared.

****** If you have documentation of a **prior** IGRA blood test with **positive** results, a new IGRA blood test will **not** be required. However, you must submit a copy of that positive lab report, as well as documentation of a chest x-ray completed within **6** months **prior** to start date. Submit documentation of any treatment post positive IGRA.

Call (315) 464-4260 to schedule an appointment with ESH Office for **mandatory** N95 mask fit testing.

NOTE: Employee/Student Health Office will be **closed on** Wednesday, June 19, 2024.

*** If you have a history of a previous IGRA with positive results, you must submit detailed documentation of that positive IGRA (QuantiFERON TB Gold or T-Spot) ***

- Chest x ray is required within **6** months **prior** to beginning employment if a history of **positive** IGRA blood test with **positive** results. A **copy of final chest x-ray report required**.

- Was treatment taken for a positive IGRA? ☐ Yes ☐ No - submit supporting documentation.

Medication: _____ Date Started: _____ Date Completed: _____

ALL documents must be **scanned** as a **.PDF** **NO** photos of documents will be accepted

**** UPLOAD** — **ALL** immunization/vaccine records to **MEDHUB** by **May 10, 2024 deadline**. Please have name and date of birth on **ALL** documents. Please do **NOT** upload the instruction pages.

QUESTIONS, please call ESH Office @ **315-464-4260** or Email: MarleyON@upstate.edu, GillardC@upstate.edu
OR ESHealth@upstate.edu