

**\*\* 2025 IMMUNIZATION REQUIREMENTS \*\***

**Incoming Residents/Fellows**

**DOCUMENTATION OF IMMUNIZATION RECORDS - BY THE FOLLOWING GUIDELINES:**

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

Please upload your *childhood immunization/vaccine records* outlined on this list to MedHub by: **May 9, 2025**. 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**

- Detailed documentation of **Hepatitis-B** vaccine series **OR** a signed Hep-B vaccine declination form is required.
- **Hepatitis-B Surface Antibody (IgG)** titer **should** be drawn after completion of a Hepatitis-B vaccine series, indicating immunity. If Hep-B antibody (IgG) titer was drawn, submit a copy of the lab report.
- If Hep-B antibody (IgG) titer is negative, booster vaccine(s) are available through Upstate Employee Health Office at no charge.

**Tetanus, Diphtheria, Pertussis Vaccination (Tdap)** – Adults – strongly **recommended** for everyone.

A current documentation of **(1) Tdap** vaccine  $\geq$  age 18 is **required** for the following departments:

- **Emergency Medicine**
- **Family Medicine**
- **Internal Medicine – Pulmonary**
- **OB/GYN**
- **Otolaryngology**
- **Pediatrics**

**COVID vaccines** – Strongly **recommended**, not required.

- 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 1/1/2025** is **required**. We **strongly recommend** having an **IGRA** blood test completed **prior** to arriving in Syracuse.

\* The last day to have labs **ordered** through the **Upstate Employee/Student Health Office** is **Wednesday, June 11, 2025**, 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.

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

**NOTE:** **Employee/Student Health Office** will be **closed on Thursday, June 19, 2025**. Last day for N95 mask fit testing for PGY 1 residents is **Friday, June 20, 2025**.

\* 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 (6/24/2025), if you have a history of an IGRA blood test with **positive** results. A copy of the **final chest x-ray report** is **required**.
- If you received **treatment after a positive IGRA or PPD skin test**, please submit **detailed** documentation of the treatment received. **Include:** medication, date treatment started, and date treatment was 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 9, 2025, deadline.** Please have full 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](mailto:MarleyON@upstate.edu), [FreytagA@upstate.edu](mailto:FreytagA@upstate.edu)  
**OR** [ESHeatlh@upstate.edu](mailto:ESHeatlh@upstate.edu)