

Dear Incoming Student:

Individuals entering Kansas City University of Medicine and Biosciences (KCU) must be vaccinated in accordance with University standards outlined on the next page. These standards are determined utilizing current **CDC Recommendations for Healthcare Workers** in combination with frequently mandated hospital and program specific immunization requirements. As a future healthcare professional, these standards are in place for your protection as well as that of your potential patients.

A completed, signed KCU Immunization Record form certified by a Licensed Physician, Nurse Practitioner, Registered Nurse or Authorized Health Official along with supporting documentation is due in the Office of Admissions within 60 days of receipt. This information is required to fulfill matriculation criteria and participate in educational activities. Partially finished forms and/or documentation are not reviewed and returned to the student for completion.

Helpful Hints:

- ✓ Gather immunization records and documentation as soon as possible
- ✓ Transfer dates to immunization form **prior** to visit with certifying individual
- ✓ Print dates clearly and legibly or type them into the form
- ✓ Review, sign and date the Student Acknowledgments and Authorization for Release of Records
- ✓ Lab titers must be QUANTITATIVE and drawn a minimum of 6 weeks following completion of full vaccine series to be considered valid
- ✓ If serologic testing shows a low or inadequate level of protection, additional vaccine(s) and follow-up titer(s) are required to demonstrate immunity

Students who fail to meet University immunization standards **will not be allowed to matriculate or participate in educational activities.**

Return completed, signed forms along with supporting documentation to one of the following:

- Scan and email to admissions@kcumb.edu with the subject "Student Immunizations [Student Name]"
- Fax to 816.654.7161
- Mail to KCU Office of Admissions ~ 1750 Independence Avenue ~ Kansas City, MO 64106

Please direct any questions to the Office of Admissions at admissions@kcumb.edu, by phone at 816.654.7160 or toll free 1.877425.0247.

Thank you!

KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

IMMUNIZATION STANDARDS

Students entering Kansas City University of Medicine and Biosciences (KCU) must be vaccinated in accordance with University standards. These standards are determined utilizing current **CDC Recommendations for Healthcare Workers** in combination with frequently mandated hospital and program specific immunization requirements. A completed, signed KCU Immunization Record form certified by a Licensed Physician, Nurse Practitioner, Registered Nurse or Authorized Health Official along with supporting documentation is due in the Office of Admissions within 60 days of receipt. Students who fail to meet University immunization standards **will not be allowed to matriculate or participate in educational activities.**

- ***Rubella (German Measles), Mumps, Rubeola (Measles)*** – Two vaccine series dates (MMRs or single injections) **AND** a positive, QUANTITATIVE IgG antibody titer are required. If serologic testing reflects a low or inadequate level of protection, additional vaccines and follow-up titer are required to demonstrate immunity. **Lab titer report required for verification.**
- ***Polio*** – Primary vaccine series dates (IPV single injections or oral series – before 1988) **AND** a booster date is required to demonstrate immunity. Titers are not accepted by KCU as proof of immunity for this vaccine series.
- ***Diphtheria, Tetanus & Pertussis*** – Primary vaccine series dates **AND** a Tdap booster date within the past 5 years are required to demonstrate immunity.
- ***Varicella*** – Two vaccine series dates (if received) **AND** positive QUANTITATIVE IgG antibody titer are required. If serologic testing reflects a low or inadequate level of protection, additional vaccines and follow-up titer are required to demonstrate immunity. **Lab titer report required for verification.**
- ***Tuberculosis*** – TB screenings are provided to entering students at orientation. Documentation indicating student is free of active TB presented annually to KCU. If a previous positive TB skin test result was documented, one or more of the following must be provided for verification and review: Copy of the positive skin test result including date and induration; copy of a negative chest x-ray report *following* the positive skin test result; negative TB blood test (T-SPOT or Quantiferon Gold); physician documented completion of Chemoprophylaxis – INH Therapy start and end dates (if received).
- ***Hepatitis B*** – Three vaccine series dates **AND** a positive, QUANTITATIVE antibody titer are required. If the student has fallen behind in the series, do not repeat the series, begin where the student left off. If serologic testing reflects a low or inadequate level of protection, additional vaccines and follow-up titer are required, up to and including full completion of a second vaccine series to demonstrate immunity. If unresponsive after a second ***fully documented*** three-dose series, the student is considered a non-responder and susceptible to HBV infection. **Lab titer report required for verification.**
- ***Meningococcal (Meningitis)*** – One vaccine date within the past 5 years is required to demonstrate immunity.

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Kansas City University of Medicine and Biosciences

Immunization Record for Matriculation 2017-2018

Students entering Kansas City University of Medicine and Biosciences (KCU) must be vaccinated in accordance with University standards. These standards are determined utilizing current [**CDC Recommendations for Healthcare Workers**](#) in combination with frequently mandated hospital and program specific immunization requirements. A completed, signed KCU Immunization Record form certified by a Licensed Physician, Nurse Practitioner, Registered Nurse or Authorized Health Official along with supporting documentation is due in the Office of Admissions. Students who fail to meet University immunization standards **will not be allowed to matriculate or participate in educational activities.**

Name: _____

DOB: _____

E-mail: _____

Phone: () _____

Authorized Health Official: Review patient's documentation to confirm accuracy of the month, day and year provided for all the vaccines, tests and/or titers listed below. Then, read, sign and date the certification returning the completed form to the Student.

Immunization Dates

MMR	1.	2.	Booster (if needed): _____
Polio	1.	2.	3. Booster: _____
Diphtheria, Tetanus, Pertussis	1.	2.	3. TDAP Booster: _____ <i>*Must be within last 10 years</i>
Varicella (if received)	1.	2.	
Hepatitis B Series 1	1.	2.	3.
Hepatitis B Series 2 (if needed)	1.	2.	3.
Meningococcal *Must be within last 5 years	1.		
BCG Vaccine (if received)	1.		

Required Lab Titers (attach reports)

All titers must be **QUANTITATIVE**, drawn a **minimum of six weeks** following completion of the full vaccine series and accompanied by a copy of the final lab report(s). If serologic testing reflects a low or inadequate level of protection, additional vaccines and follow-up titer are required to demonstrate immunity.

				2nd Titer results (if needed):		
Mumps	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:
Rubeola	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:
Rubella	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:
Varicella	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:
Hepatitis B	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Value:	Date Collected:

Tuberculosis – TB screenings are provided to entering students at orientation. Documentation indicating student is free of active TB required annually while attending KCU. If a previous positive TB skin result was documented, one or more of the following must be provided for verification and review.

- ☐ Positive skin test, indicate date: _____ ***Result:** _____ **mm** ***Documented result required**
☐ TB blood test, indicate date: _____ ☐ Positive ☐ Negative ***Lab titer report required**
☐ Chemoprophylaxis (INH) Therapy, indicate dates: _____ ***INH Start:** _____ ***INH End:** _____
***Physician documented completion of INH therapy required for verification.**

Kansas City University of Medicine and Biosciences

Immunization Record for Matriculation 2017-2018

CERTIFICATION OF AUTHORIZED HEALTH OFFICIAL

I certify the information herein has been verified and is correct to the best of my knowledge

Authorized Signature

PRINTED NAME

DATE CERTIFIED

STUDENT ACKNOWLEDGEMENTS AND AUTHORIZATION FOR RELEASE OF RECORDS

Read and initial next to each statement, then sign and date at the bottom

I acknowledge I have read, understand and agree to comply with all KCU immunization standards and policies.

I acknowledge if serologic testing reflects a low or inadequate level of protection for any required vaccines, additional vaccine(s) and follow-up titer(s) are required to demonstrate my immunity.

*I acknowledge any vaccinations, tests and/or titers I receive **after** the date certified above, I must submit separate official documentation to the Office of Admissions and any costs incurred are my responsibility.*

I understand, acknowledge and accept if I am not current on my immunizations and/or do not provide all required documentation I will not be allowed to matriculate.

I acknowledge I am required to maintain a current and thoroughly documented official record of immunizations at all times. Also, I accept if I cannot provide this information upon request in accordance with University guidelines, I will not be allowed to continue my education.

I authorize Kansas City University of Medicine and Biosciences to release my immunization records to any location for the purpose of securing, confirming or completing educational activities while enrolled at KCU.

Student/Applicant Signature

PRINTED NAME

Date Acknowledged

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KCU APPROVAL

Authorized Signature

PRINTED NAME

Date Approved