HSIP Requirements Checklist

This list provides a summary of Health Sciences Immunization Program (HSIP) requirements, and acceptable documentation for each item. Students are encouraged to begin collecting documentation and obtain needed immunizations or lab tests as soon as possible after admission. If you do not have a health care provider, please see the Health Care Resources Focus Sheet on our website.

Note: TB screening is required; instructions are available in CastleBranch after each student sets up their individual HSIP account.

Document Submission Process

Students submit their immunization and test result documentation to a web-based system called CastleBranch (CB). Each health sciences program sends instructions for creating the CB account to accepted students, along with deadlines for meeting requirements. Students create their CB account when they receive instructions including a link to HSIP’s account set-up portal.

Documentation is required for each item on this checklist, which you must upload to your CB account. The checklist helps you keep track as you obtain your health records. You can use these tips for locating them. You will find detailed instructions for meeting each required item in your CB account.

1. Childhood Immunizations

A primary childhood or adult DTaP/DTP/DT/Td series is required. Students are expected to have received the childhood polio series. An adult IPV booster is an acceptable alternative.

Students are asked on the CB website: Were childhood immunizations completed? (e.g., DPT/Polio; completion in adulthood is okay, as explained above)

☐ Childhood (or adult) vaccine records will be submitted to prove completion OR

☐ If health records aren't available, personal attestation is allowed by answering the question on your CB account.

2. Influenza Vaccine

Seasonal influenza vaccine documentation is submitted between August and October each year. The vaccine is required. Waivers are given only for students who have valid medical contraindications. A waiver request form (available from CB website) must be signed by a provider and submitted to CB. School compliance staff are notified of all student waivers.

NOTE: Egg allergy is no longer a contraindication; egg-free vaccine is available.

Tips to ensure documentation is not rejected during the submission process:

► Submit actual lab report print outs showing titer and/or IGRA results. Student name and collection or “draw” date must be included on all reports.

► Vaccine records must clearly indicate student name, vaccine type, and dates (month/day/year) for each dose.

► Pharmacy print-outs, childhood records/cards, chart notes, provider letters, and electronic print outs are all acceptable proof of immunization. Verbal histories or “guessedimate” vaccine dates such as “1/1/2000” (sometime in the year 2000) are not accepted.

► TB (PPD) skin test documentation must include student name, date placed, date read, and results in mm. Tests results obtained by “self-read” are not accepted.
3. Tetanus-Diphtheria-Pertussis

One dose of Tdap. If given more than 10 years ago, a current dose of Td-containing vaccine. Titers are **not** accepted in lieu of Td/Tdap vaccine.

- Documentation of Tdap vaccine since 2005 (when vaccine became available) **AND**
- Td OR Tdap in past 10 years, not expiring during school year. May be same as above.

4. MMR: Measles (Rubella), Mumps, and Rubella

- **Measles** (Rubella): Two doses of measles-containing vaccine (Measles; Measles-Rubella; or Measles-Mumps-Rubella) **OR** a positive IgG antibody titer, regardless of birthdate
- **Mumps**: Two doses of mumps-containing vaccine (regardless of birthdate) **OR** a positive IgG titer
- **Rubella** (GERMAN MEASLES): One dose of rubella-containing vaccine **OR** a positive IgG titer

- Two doses of MMR or a combination of vaccines as described above: All doses must be after one year of age and at least a month apart; Measles or M/R dates must be 1968 or later; MMR must be 1971 or later; Mumps alone must be 1980 or later; Vaccines must be live virus given without immune globulin. **OR**
- Lab reports showing positive IgG antibody titer results for measles, mumps, and rubella (NOTE: IgM titers are NOT acceptable)

5. Varicella

- Two doses of varicella-containing vaccine on or after 12 months of age and at least one month apart, **OR** positive Varicella IgG antibody titer. **History of disease is not accepted. Only vaccine or titer.**

- Two doses of varicella vaccine, no earlier than 1995. Dates prior to 3/95 will be rejected **OR**
- Positive varicella IgG antibody titer lab report

6. Hepatitis B

- **Three** appropriately-spaced vaccine doses **and** a positive quantitative Hepatitis B surface antibody titer meets the requirement. The lab report must include reference ranges for quantitative results; the standard for a positive titer is 10 mIU/mL or higher.

- Three or more documented doses of vaccine and a positive HBSAB-QN/CONC/Index titer **OR**
- Hep B series in process: documentation of each dose submitted as received, titer 4-6 weeks after last dose

**TIP: Meeting the Hepatitis B Requirement**

- If more than 2 years have elapsed since vaccine was given, we recommend a dose to boost antibodies to a detectable level
- Then, draw the QN HBsAb 4-6 weeks later
- If negative, antigen (HBsAg) testing (for prior exposure or “carrier” status) may be indicated
- If the HBsAg is negative, complete the 2nd series
- Then, recheck the HBsAb titer 4-6 weeks later
- CDC recommendations/rationale for boost and re-titer of health professionals is at: [http://www.immunize.org/catg.d/p2109.pdf](http://www.immunize.org/catg.d/p2109.pdf)

- **For past/resolved hepatitis B infection**: Submit lab reports for QN HBsAb, HBcAb, and HBsAg.

- **For Hepatitis B carriers**: Submit lab report of positive HBsAg; download letter from CB website and submit after provider completes.

- **For Hepatitis B non-responders**: Submit documentation of two 3-dose vaccine series; lab report(s) showing negative HBsAg and appropriately timed negative HBsAb; download letter from CB website and submit after provider completes.