

Keck Medical Center of USC

KIMBERLY TILLEY
Medical Director
Eric Cohen Student Health Center

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Dear USC Visiting Student,

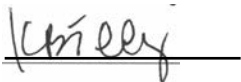
I would like to extend a warm welcome to the USC Health Science Campus. The USC Eric Cohen Student Health Center (ECSHC) will process your immunization paperwork to help you gain compliance for your clerkship.

Please take the time to review this packet carefully and be sure you meet all of our immunization requirements. If you have any questions, please contact our Immunization Coordinator at 323-442-5980 or by email at rsolano@usc.edu with subject "Visiting Student".

Although our time with you will be short, we hope to be of service to you. If you are not able to complete all your immunization compliance regulations prior to coming to USC, we will be able to assist you by providing that service on a cash pay basis.

We look forward to seeing you soon.

Fight On!



Kimberly Tilley, MD
ECSHC Medical Director

Eric Cohen Student Health Center of **USC**

Immunization Questions (323) 442 – 5980

Contact Email:rsolano@usc.edu

The following requirements are **MANDATORY** and are to be completed at your expense in order to participate in clinical coursework.

1. Documentation of vaccination and positive IgG titers (blood tests) to the following:
 - a. Hepatitis B
 - b. Measles, Mumps, Rubella (MMR)
 - c. Varicella
2. TB clearance
3. TDaP Vaccine (Must be from 2006 or later)

****The above information needs to be entered by you into your VSAS account****

Health Requirement Explanations

MEASLES (RUBEOLA), MUMPS AND RUBELLA (MMR) and VARICELLA

You must have your blood drawn to show proof of immunity to Measles, Mumps, Rubella (MMR) and Varicella (even if there has been a history of infection).

Lab tests required: Measles IgG, Mumps IgG, Rubella IgG, and Varicella IgG

IMPORTANT

Submitting proof of having received the vaccines is not acceptable.

All titer results must be submitted as copies of lab reports. Physician documentation as positive or negative alone will not suffice. All results must be translated to English.

HEPATITIS B

You must have your blood drawn in order to show proof of immunity to Hepatitis B. Documentation of three doses of Hepatitis B vaccine is not sufficient. The Hepatitis B surface antibody **quantitative** titer (HBsAb) is mandatory for compliance.

***Known Hepatitis B carriers** must provide Hepatitis B surface antibody **quantitative** titer, Hepatitis B surface antigen, Hepatitis B core antibody, Hepatitis Be antigen qualitative, and Hepatitis B PCR results.

TETANUS/DIPHTHERIA AND PERTUSSIS BOOSTER (TDaP)

TDaP Booster must have been received in 2006 or later

TUBERCULOSIS SCREENING

Two TB Mantoux Skin Tests (PPD)-

One PPD must be performed 5 months or less prior to your start date

The second PPD can be within a year prior to your start date

*If you have tested positive for TB Mantoux Skin Test (PPD), you will need to submit results of an IGRA (QuantiFERON-Gold or T-spot) or a Chest X-ray within the last year for compliance.

Eric Cohen Student Health Center of **USC**

Immunization Records

(To be completed by a licensed health professional)

Name: _____ Date of Birth: _____ E-mail: _____

Please attach copies of all serology reports. All reports must be translated into English!

1. Titer: Hep. B Surf Ab

Result:

Positive

Negative or Inconclusive: Please provide documentation of previous Hep B
Vaccines: #1,#2,#3.

Give 1 Hepatitis B booster **AND** repeat titers 30 days after booster.

Note: Hepatitis B carriers require additional blood tests

Hepatitis B Surface Antigen, Hepatitis B core Antibody and Hepatitis B e Antigen (**Must provide lab reports**)

2. Titer: Measles (Rubeola) IgG

Result:

Positive

Negative or Inconclusive: Please provide documentation of previous MMR vaccines #1 @
1yr then #2 after 4 yrs **AND** Give 1 booster **AND** repeat titer 30 days after booster (**Must
provide lab reports**)

3. Titer: Mumps IgG

Result:

Positive

Negative or Inconclusive: Please provide documentation of previous MMR vaccines #1 @
1yr then #2 after 4 yrs **AND** Give 1 booster **AND** repeat titer 30 days after booster (**Must
provide lab reports**)

4. Titer: Rubella IgG

Result:

Positive

Negative or Inconclusive: Please provide documentation of previous MMR vaccines #1 @
1yr then #2 after 4 yrs **AND** Give 1 booster **AND** repeat titer 30 days after booster (**Must
provide lab reports**)

5. Titer: Varicella IgG

Result:

Positive

Negative or Inconclusive: Please Provide documentation of previous Varicella vaccine series
#1 & #2, **AND** Give 1 booster **AND** repeat titer 30 days after booster (**Must provide lab
reports**)

6. Vaccination: Tetanus/Diphtheria/Pertussis Booster (TDap):

Must be placed **ten years or less** from your official school start date.

7. TB Screening / IGRA Test:

Must submit proof of either a PPD Skin test or Lab report

- **For the two PPD skin tests**, one must be placed 5 months or less from start date and another one within the last 12 months. Must include date placed, date read and reading result (either Negative or Positive) with ___ mm. *They must be placed two weeks or more from each other.*
- **For TB lab reports**, student health only accepts the T.Spot.TB® or the QuantiFERON®-TB Gold IGRA results. Full lab results must be submitted.

Tuberculosis Skin Test (PPD):

PPD 1. Date Placed: _____ Date Read: _____
(Within 5 months prior to elective)

Induration: _____ mm

PPD 2. Date Placed: _____ Date Read: _____
(Within calendar year of elective)

Induration: _____ mm

OR

IGRA Tuberculosis Blood Test:

IGRA Tuberculosis Blood Test (TSpot®.TB or QuantiFERON®-TB Gold)

Result:

- Negative
- Borderline/Inconclusive → Repeat test for definitive results
- Positive → Provide proof of negative chest x-ray

Signature of Physician/Clinician _____ *Date* _____

Eric Cohen Student Health Center of **USC**
Price List for Visiting Students

If you would like to use the Eric Cohen Student Health Center to complete any of your requirements before your first day at USC, below is a list of our prices. We do not accept any insurance. All fees need to be paid at the time of the visit by Visa, Master Card, or check.

Please make sure when calling the office for your appointments to state that you are a visiting student.

- **Nurse Visit: \$30.00***

Plus

- **TDAP vaccine: \$50.00* Per Vaccine**
- **Hepatitis B Titer: \$10.00*Per Titer**
- **Measles Titer: \$10.00*Per Titer**
- **Mumps Titer: \$10.00*Per Titer**
- **Rubella Titer: \$10.00*Per Titer**
- **Varicella Titer: \$10.00*Per Titer**
- **T-spot TB test: \$50.00 *Per Test**
- **PPD TB Test: \$25.00* Per test**
- **Hepatitis B Vaccine: \$78.00* Per Vaccine**
- **MMR Vaccine: \$70.00* Per Vaccine**
- **Varicella Vaccine: \$120.00* Per Vaccine**
- **Meningococcal Vaccine: \$75.00* Per Vaccine (optional)**

NO PHYSICAL EXAM AVAILABLE

** Prices may change without notice*