ADOM Academy of Diagnostic & Osteopathic Medicine

Immunization Form

Name: ______________________________ Email: ______________________________

Date of Birth: ______________________________ Phone: ______________________________

Student ID: ______________________________ Date of Enrollment: ______________________________

Dear New Student,

As part of our commitment to health and well-being, we require all new students to complete this health form. Please read the instructions carefully and provide accurate information.

IMMUNIZATION REQUIREMENTS

ADOM students must either present documentation of having had Hepatitis B injections 1 and 2 and a TB test within 6 months or must complete the first two Hepatitis B injections and a TB test prior to enrollment. If the TB test result is positive, the applicant must be cleared to attend by a physician prior to enrollment.

In addition, Connecticut Department of Health requires the following immunizations for all students entering post- secondary educational institutions: proof of immunity against measles, mumps and rubella, and proof of the meningitis immunization or a signed meningitis declination and must be submitted to the Admissions Office for evaluation within 30 days of the programs start date.

Immunization requirements are generally based on the current recommendations of the Centers for Disease Control (CDC) for healthcare workers and the Advisory Committee on Immunization Practices (ACIP).

ADOM has identified a standard immunization policy but reserves the right to require additional healthcare clearance assessment, documentation, immunization, and serology testing at any point throughout the enrollment of the program. In addition, immunizations and health requirements may change without notice, and students may be required to provide verifiable documentation of their ability to meet new requirements. Student's may be responsible for the cost of any additional requirements. Failure to meet this requirement may result in failure to progress in the program.

Students are not permitted to participate in any clinical experiences if their immunizations do not meet the standards outlined in this document or those required by specific clinical agencies.

If there are any questions regarding these requirements, students should make an appointment to speak with the Director of Admissions.

SEROLOGICAL EVIDENCE OF IMMUNITY (TITERS)

If students at ADOM are unable to provide adequate immunization records, they have the option to demonstrate serological evidence of immunity for hepatitis B, measles, mumps, and rubella (MMR), varicella (chickenpox), and tetanus, diphtheria, pertussis (Td/Tdap). While seasonal influenza, and COVID-19 vaccinations are not mandatory, it is required by some clinical sites for externships. Mandatory tuberculosis screening, either through initial two-step testing or annual one-step testing, applies to all students during enrollment. Failure to comply with vaccination and testing requirements may lead to an inability to participate in the required externship and subsequently result in program dismissal.

Serologic proof of immunity is required for the following:

HEPATITIS B	Three doses of hepatitis B vaccine are required. Serologic testing cannot be obtained until 2 or more months after third dose.
MEASLES, MUMPS, RUBELLA (MMR)	If no evidence of immunity or equivocal serology results are reported, two doses of MMR at least 28 days apart required.
VARICELLA (Chickenpox)	If no evidence of immunity or equivocal serology results are reported, two doses of Varicella vaccine at least 28 days apart required.
TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)	One-time dose of Tdap is required. Td boosters every 10 years thereafter.
MENINGOCOCCAL TITER (MenACWY)	Proof of the meningitis immunity or a signed meningitis declination form must be submitted to the Admissions Office
QuantiFERON (Tuberculosis)	For students with no history of previous annual tuberculin skin testing, an initial two-step is required. - For those students with previous annual and current testing who provide evidence by documentation, only a one-step is required. Testing must be within the past 90 days. For students with TB test result is positive, the applicant must be cleared to attend by a physician prior to enrollment.

INFLUENZA/COVID-19:

While the influenza and COVID-19 vaccinations are not mandatory for enrollment, we highly value the safety and well-being of our students and staff. ADOM adheres to all sanitation and infection control guidelines. Please be advised, in some cases, students may undertake clinical externships that may require these vaccinations as a condition of participation.

MEDICAL EXEMPTIONS:

If you have a valid medical exemption for any of the required vaccines, please provide a signed letter from a licensed healthcare provider explaining the medical contraindication.

RELIGIOUS EXEMPTIONS:

Connecticut allows religious exemptions for certain immunizations. If you seek a religious exemption, please provide a signed statement explaining your religious beliefs and objections to immunization

IMMUNIZATION HISTORY:

Please provide details of your immunization history. Please document vaccines received **OR** serological evidence of immunity through blood titers and attach supporting documents.

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VACCINATIONS:

Hepatitis B Vaccine

Date of Dose 1: ___________________

Date of Dose 2: ___________________

Date of Dose 3: ___________________

Tuberculin Skin Test

Date: ______________________

Meningococcal Vaccine (MenACWY)

Date: __________________________

☐ Meningococcal declination form provided

Tetanus, Diphtheria, Pertussis (Tdap) **Vaccine**

Date: __________________________

Varicella (Chickenpox) **Vaccine**

Date of Dose 1: ___________________

Date of Dose 2: ___________________

Measles, Mumps, Rubella (MMR) **Vaccine**

Date of Dose 1: ___________________

Date of Dose 2: ___________________

TITERS:

Hepatitis B Titer

Date of test: ___________________

Result: ________________________

QuantiFERON (Tuberculosis) **Titer**

Date of test: ___________________

Result: ________________________

Meningococcal Titer (MenACWY)

Date of test: ___________________

Result: ________________________

☐ Meningococcal declination form provided

Tetanus, Diphtheria, Pertussis (Tdap) **Titer**

Date of test: ___________________

Result: ________________________

Varicella (Chickenpox)

Date of test: ___________________

Result: ________________________

Measles, Mumps, Rubella (MMR) **Titer**

Date of test: ___________________

Result: ________________________

HEALTH INSURANCE INFORMATION:

Do you have health insurance coverage? If yes, please provide the following details:

Insurance Provider: ____

Policy/Member ID: ____

Group Number: ____

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CONSENT:
By signing below, I confirm that all the information provided in this health form is accurate and complete. I understand that this information will be treated as confidential and used for health-related purposes only. I authorize the college's health services to access and review my health records, if needed, to provide appropriate care.

Student Signature: ____ **Date**: ___________

If you have any questions or need assistance, please contact the admissions office.

We look forward to supporting your health and well-being during your time at ADOM

CLINICIAN INFORMATION (To completed by healthcare provider)
By signing below, I confirm that the above information is accurate to the best of my knowledge and that this student has no medical condition that would prohibit him/her/them from participating fully in all educational activities. This is NOT a clearance for D1 or club sports.

Healthcare Provider Signature: ____ **Date**: ___________

Healthcare Provider Name and Title (print): ____

Office Address: ____

Phone #: ____

Office Stamp: