

# Northwestern University

## REQUIRED IMMUNIZATIONS

### HEALTHCARE STUDENTS



**Communication Science & Disorders (excluding MSC\*) • Genetic Counseling • Prosthetic-Orthotic**

Students are required by Northwestern University and Illinois State Law to submit proof of immunizations. Please submit copies of immunization records which provides all of the requirements listed below. All records must be submitted in English — a translation by a certified translator with copies of the original records is acceptable.

**SPECIAL CIRCUMSTANCES** — The \*MSC program uses the GRADUATE student immunizations requirements. Measles doses before 1/1/1968 are not accepted. If you have no immunization records, you have the option to complete blood tests to prove immunity to Measles, Mumps and Rubella or be revaccinated. Revaccination is the only option for the Tetanus/Diphtheria/Pertussis requirement and an extension may be granted to complete the three dose series after the deadline, when necessary.

Submit your documentation online to the immunization health Portal at <a href="https://www-healthy.nuhs.northwestern.edu/login_directory.aspx">https://www-healthy.nuhs.northwestern.edu/login_directory.aspx</a>		
<b>M-M-R vaccinations</b> COMBINED Measles, Mumps, Rubella	<b>Dose #1</b> — on or after 1 <sup>st</sup> birthday	
	<b>Dose #2</b> — at least 28 days after dose #1	
<b>MEASLES (Rubeola)</b>	<b>MUMPS</b>	<b>RUBELLA (German Measles)</b>
<p><b>2 doses</b> required. Both must be done on or after 1<sup>st</sup> birthday, after 1/1/68, and at least 28 days apart.</p> <p><b>OR - Submit a copy of lab report</b> (titer) confirming MEASLES (RUBEOLA) immunity (antibodies).</p>	<p><b>2 doses</b> required. Both must be done on or after 1<sup>st</sup> birthday, and at least 28 days apart.</p> <p><b>OR - Submit a copy of lab report</b> (titer) confirming MUMPS immunity (antibodies).</p>	<p><b>2 doses</b> required. Both must be done on or after 1<sup>st</sup> birthday, and at least 28 days apart.</p> <p><b>OR - Submit a copy of lab report</b> (titer) confirming RUBELLA immunity (antibodies).</p>
<p><b>TETANUS/DIPHTHERIA/PERTUSSIS</b> — 3 doses of DTP, DTaP, DT, Td, or Tdap are required</p> <ul style="list-style-type: none"> <li>The first 2 doses <b>MUST</b> be at least 28 days apart.</li> <li>One dose <b>MUST</b> be a <b>Tdap</b> completed within <b>10 years</b> prior to entrance into Northwestern University and at least 6 months after the last primary series vaccination.</li> <li>Brand names for <b>Tdap</b> are : <b>Boostrix®</b>, <b>Adacel®</b>, <b>Repevax®</b>, or <b>Refortrix®</b></li> </ul>		
<p><b>TUBERCULOSIS TESTING</b> — Submit proof of a TB test performed <b>within 6 months prior to entrance</b> to Northwestern.</p> <p><b>Acceptable TB tests include :</b></p> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Interferon-Gamma Release Assay (<b>IGRA</b>) — Includes <b>QuantiFERON® TB Gold</b> and <b>T-SPOT®</b> blood tests — A copy of the lab report must be submitted — <b>may be completed in any country.</b></li> <li>TB skin test (<b>PPD</b>) — Healthcare provider must supply date <u>placed</u>, date <u>read</u> and <u>result in mm</u> induration — <b>MUST</b> be completed <b>in the USA.</b></li> </ul> <p>➤ If the Interferon-Gamma Release Assay (<b>IGRA</b>) blood test result is <b>positive</b> or the <b>PPD</b> is <b>&gt;= 10mm positive</b>, a chest x-ray <b>performed in the USA</b> within the last 6 months prior to entrance to Northwestern University <b>MUST also be completed</b> and attached to the result — once on campus, a visit with a Student Health Service physician is needed</p>		
<p><b>HEPATITIS B IMMUNITY — HEPATITIS B SURFACE ANTIBODIES TITER (IGG)</b></p> <ul style="list-style-type: none"> <li>A <b>positive lab report confirming Hepatitis B immunity</b> <b>MUST</b> be submitted to meet this requirement.</li> <li>Please submit all HepB vaccination dates if known.</li> <li>If your titer did not prove immunity (negative or equivocal) or you just started the vaccination series, submit the dates of all HepB vaccinations completed to date along with the negative/equivocal lab results.</li> </ul>		
<p><b>VARICELLA (Chicken Pox) IMMUNITY</b> — Submit <b>ONE</b> of the following to meet this requirement.</p> <ul style="list-style-type: none"> <li>A positive varicella (IGG) lab report (titer)</li> <li>2 varicella vaccination dates at least 28 days apart</li> <li>Physician's documentation of date of varicella illness</li> </ul>		