

University of Pittsburgh
School of Dental Medicine

Physical and Immunization Record

When completing the SDM Physical and Immunization Record, please note the following:

1. All sections of the form must be completed by your health care provider. It is not acceptable to leave the form blank and attach only the provider's immunization record. Please upload all original copies to your personal Our Records account. Any incomplete forms will be rejected in Our Records and returned to the student.
2. **Hepatitis B:** All students **must have a titer test completed** (**Hepatitis B Surface Antibody Quantitative**) to determine immunity...even if they have already received the vaccination series previously (ie: childhood). The results of the test must be attached to the Physical and Immunization Record.
 - If the titer results indicate *non immunity*, then the student must show evidence that they have started the 3 shot vaccination series or received a booster. The student must retest in 30 days (or timeframe determined by physician) and submit the results of the test.
 - If the titer results indicate *immunity*, then no further action is required. All results must be uploaded to your personal Our Records account.

The School of Dental Medicine also requires all students to have yearly immunization against influenza. Yearly tuberculin testing is required for students rotating through select UPMC patient care facilities. All students must carry health insurance to cover hospitalization and physician fees during training.

Candidates must have a documented physical exam between August 1, 2025 and June 30, 2026

(ALL FIELDS MUST BE COMPLETED)

TO BE COMPLETED BY THE PHYSICIAN:

| VACCINE | DATE MM/DD/YY | DATE MM/DD/YY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE ¹ |
|---|---------------|---------------|---|
| MMR² MEASLES, MUMPS, RUBELLA | ___/___/___ | ___/___/___ | ___/___/___ |
| MMRV² MEASLES, MUMPS, RUBELLA, +VARICELLA | ___/___/___ | ___/___/___ | ___/___/___ |
| MEASLES | ___/___/___ | ___/___/___ | ___/___/___ |
| MUMPS | ___/___/___ | ___/___/___ | ___/___/___ |
| RUBELLA | ___/___/___ | ___/___/___ | ___/___/___ |
| VARICELLA³ | ___/___/___ | ___/___/___ | ___/___/___ |
| MENINGOCOCCAL QUADRIVALENT⁴ Highly recommended | ___/___/___ | ___/___/___ | ___/___/___ |

4 REQUIRED IF LIVING IN UNIVERSITY HOUSING. TWO DOSES ARE REQUIRED, WITH ONE DOSE ADMINSTRATED AT 16 YEARS OLD OR OLDER.

REQUIRED IMMUNIZATIONS PART II

| VACCINE | DATE MM/DD/YY | DATE MM/DD/YY | DATE MM/DD/YY | DATE MM/DD/YY |
|---------------------------------------|---------------|---------------|---------------|--|
| TETANUS-DIPHTHERIA⁵ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| POLIO⁶ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| HEPATITIS B⁷ | ___/___/___ | ___/___/___ | ___/___/___ | DATE OF POSITIVE LAB/ SEROLOGIC EVIDENCE ___/___/___ |

5 PRIMARY SERIES WITH DTaP OR DTP AND BOOSTER WITH Td IN THE **LAST 10 YEARS MEETS REQUIREMENT (2016+)**.

6 PRIMARY SERIES IN CHILDHOOD MEETS REQUIREMENT; THREE PRIMARY SERIES SCHEDULES ARE ACCEPTABLE. (OPV ALONE ORAL SABIN THREE DOSES] IPV/OPV SEQUENTIAL OR IPV ALONE [INJECTED SALK FOUR DOSES].

7 THREE DOSES OF VACCINE OR TWO DOSES OF ADULT VACCINE IN ADOLESCENTS 11-15 YEARS OF AGE. **A COPY OF THE TITER RESULTS MUST ACCOMPANY THIS FORM FOR REVIEW. THIS TITER CANNOT BE DATED PRIOR TO AUGUST 2025. PLEASE INDICATE THE DATE OF THE TITER IN THE APPROPRIATE FIELD.**

REQUIRED TESTING

You must have either the 2 step TB test or Quantiferon Gold Blood Test completed

| | | |
|--|---|--|
| TUBERCULOSIS SKIN TEST⁸ STEP 1 | DATE ADMINISTERED ___/___/___ | DATE READ ___/___/___ |
| | RESULT: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE | INDURATION (IF NONE MARK '0'): _____mm |
| TUBERCULOSIS SKIN TEST⁸ STEP 2 | DATE ADMINISTERED ___/___/___ | DATE READ ___/___/___ |
| | RESULT: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE | INDURATION (IF NONE MARK '0'): _____mm |
| CHEST X-RAY⁹ | RESULT: <input type="checkbox"/> NORMAL | RESULT: <input type="checkbox"/> ABNORMAL |
| TUBERCULOSIS QUANTIFERON GOLD BLOOD TEST¹⁰ | RESULT: <input type="checkbox"/> NEGATIVE | RESULT: <input type="checkbox"/> POSITIVE |

8 IF USING THE TWO-STEP TB SKIN TEST, STEP 2 MUST BE COMPLETED 1-3 WEEKS AFTER STEP 1 TEST. **THIS TEST CANNOT BE DATED PRIOR TO AUGUST 2025.**

9 REQUIRED IF TUBERCULIN SKIN TEST IS POSITIVE. A COPY OF THE RESULTS MUST ACCOMPANY THIS FORM FOR REVIEW.

10 **IF USING QUANTIFERON GOLD BLOOD TEST TO PROVE IMMUNITY, A COPY OF THE RESULTS MUST ACCOMPANY THIS FORM FOR REVIEW.**

PHYSICIAN STATEMENT:

Do you have awareness of any condition, past or present, which may interfere with this candidate's ability to participate fully in a rigorous educational program or in the future practice of dentistry? If yes, please explain.

Date of candidate's physical examination: ____/____/____

Physician Name (please print) _____

Physician Office Address _____

Physician Office Phone Number _____

Physician Signature _____ Date _____

IMMUNIZATION EXEMPTIONS:

A written exemption statement must be submitted to the Dental Hygiene Program for review. Please be aware, if an outbreak of measles, mumps, rubella, or chicken pox occurs, the Allegheny County Health Department may exclude students from classes who do not provide proof of immunity to these circulating diseases.

Upload your health documents in
PDF format to Our Records
credentialing. If you have
questions or concerns contact
Kathy Horn at kdh@pitt.edu

Students must submit the **Physical and Immunization Record by June 30**. Students will not be registered for classes until the completed health form has been submitted, reviewed and approved.