

## Immunization Requirements

Incoming Clinical Providers,

Dentistry is a health care profession which has the potential to expose the practitioner to infectious diseases. Immunizations substantially reduce both the providers' susceptibility to these diseases as well as the potential for disease transmission to other dental health care providers and patients. Thus, immunizations are an essential part of the prevention and infection-control programs at the College of Dentistry.

The College of Dentistry requires that all clinical healthcare providers provide:

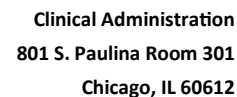
1. Proof of immunization by a blood titer to: Rubella (Measles), Mumps, Rubella (German Measles), Varicella Zoster (Chicken Pox), and Hepatitis B.
2. Dates of immunization to Tetanus and Diphtheria
3. Tuberculosis testing from within the previous 12 months.

**Students** are required to show immunization against Polio. All other College of Dentistry healthcare providers are exempt from this requirement.

### Steps to follow:

- All incoming students (including pre-dental, Advance Standing, and post-graduate) must have the attached form filled out by a licensed health care provider. The completed form must be uploaded into CastleBranch along with lab titer reports. You will be provided 7 months grace period to complete the Hepatitis B immunization series and receive a titer.
- Employees and prospective employees of the UIC College of Dentistry shall be seen at the UIC University Health Service. Before your appointment at University Health Service you must have the attached form completed by your own provider so as to avoid duplicating recent tests.
- Temporary service employees are employees of the agency and not of the College of Dentistry. It is the responsibility of the agency to ensure that their employees show compliance with all the immunization requirements found in this document. The agency must be able to provide proof of immunization to the College upon request.
- Non-Salaried, Adjunct Faculty and Volunteer Faculty shall be seen at their own provider. The attached form must be filled out by a licensed health care provider.

**Failure to abide by the mandatory requirements outlined in the College *Immunization Policy* will preclude an individual from participating in patient care at the College of Dentistry.** Please direct any questions to the Office of Clinical Affairs, 312-996-3544.



**PART I:** To be completed by the Student/Employee (Please Print)

I authorize the University of Illinois at Chicago to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.

Signature \_\_\_\_\_

**PART II:** To be completed and signed by a healthcare provider. All dates must include month, day, and year. All required titer results

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