

University of Rochester Medical Center  
Strong Memorial Hospital

Short Term Observational Experience Immunization Requirement Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

Information verified\*: \_\_\_\_\_

Y/N	Required Documentation Submitted with Confirmation	Date
	Documentation of Annual Flu Shot – seasonal is required from October 1 <sup>st</sup> – April 1 <sup>st</sup> Written results of Tuberculin (Mantoux only) skin test administered within one year of read for the duration of the observation experience. If positive documentation of one and/or immunity Documentation of immunity to Rubella	
	Documentation of Mumps and/or immunity	

Documentation of history of illness of Varicella (chickenpox)

OR

Documentation of 2 doses of Varicella vaccine, 4 weeks apart and or immunity

