

## **International Observership Program** **CHLA Vaccination Check List**

Please email me copies of your documented immunization records: **Documents must be in English.**

- **Tdap (Tetanus., Diphtheria, Pertussis):**
  - Proof of Tdap vaccination **within the last 10 years**
- **Measles, Mumps, and Rubella (MMR):**
  - Applicants born before 1957 are presumed immune and no further action is needed; OR,
  - Proof of at least **two** MMR vaccines (at least 28 days apart); OR,
  - Laboratory report of protective antibody titers to Rubeola (measles), Mumps, and Rubella
- **Varicella:**
  - Proof of **two** vaccines (at least 28 days apart); OR,
  - Laboratory report of protective antibody titers to varicella zoster
- **Hepatitis B:**
  - If providing documentation of one, 3-dose series of HepB vaccine, please provide as well:
    - Laboratory report of protective antibody titers to Hepatitis B is required.
      - If **positive result**, no further action is needed.
      - If **negative result**, a second 3-dose series is required with no further action. OR,
  - In the case of no documentation of first dose-series, provide one of the following:
    - Titer **with Positive Result** showing immunity OR
    - Documentation of two, 3-dose series
- **Tuberculosis: Dates of when GIVEN and READ are required.**
  - Proof of a negative PPD or interferon assay within the last 12 months prior; OR,
  - If past TB test positive, both:
    - Written report of negative chest x-ray; AND
    - Attestation of no active symptoms
- **Influenza: (Northern Hemisphere flu season November through April)**
  - Proof of annual influenza vaccine if at CHLA during designated flu season