

Dear New Health Science Center Campus Student,

Welcome to Temple University! This letter provides information and instructions regarding the Student Health Services Requirements for Temple University Health Science Students. Please take this letter and forms to your physician for careful review and completion. Included with this letter are two forms. The first is an Immunization Record. Note that, when you complete this form, you are asked to submit the laboratory reports of titers/antibodies that verify your immunity to infection with Measles, Mumps and Rubella, Varicella and Hepatitis B. The second form is a Physical form and must be completed by your healthcare provider. Please complete these forms as soon as possible and send them to the appropriate address listed at the bottom of this letter.

In addition to the immunization information outlined above you are also asked to provide the date of your last Tetanus/Diphtheria booster shot. This needs to be within the last ten years.

**Finally, you are required to have a Tuberculin Skin Test (PPD). This must be done in Student Health Services upon arrival to Campus. You will receive information from your school regarding the scheduling of this testing.**

Meeting these requirements is an important first step before you matriculate at Temple University to protect your health and the health of your patients. If your insurance will not cover the titer or antibody testing, they can be drawn at Temple Hospital at a reduced price after you arrive on campus.

**Please complete these forms fully and attach the laboratory report for all antibody titers. The forms must be submitted to the address below by AUGUST 1, 2011. Please keep a copy of this form for your records.**

If you have any questions or concerns, please call Eileen Hyams-Kolick, RN at 215-707-4088.

You can use the below checklist to keep track of your requirements.

<u>Requirement</u>	<u>Completed</u>
Hepatitis B Antibody Titer	_____
Measles Antibody Titer	_____
Mumps Antibody Titer	_____
Rubella Antibody Titer	_____
Varicella Antibody Titer	_____
Completed Pre-Matriculation Physical	_____
DT Booster (within past 10 years)	_____

**\* PPD TEST TO BE COMPLETED UPON ARRIVAL TO CAMPUS**

**Please send all of the attached forms to:**

Eileen Hyams-Kolick, RN  
Temple University Student Health Services - Health Sciences Campus  
Student Faculty Center, Lower Basement Rm.43  
3340 North Broad Street  
Philadelphia, PA 19140