



	<p><b>Two (2) doses required</b>  <b>If you have not had 2 doses of vaccine, you must obtain a titer.</b>  <b>History of the disease is not accepted as proof of immunity.</b></p>
	<p><b>Menveo or MenQuadfi</b></p>

**For individuals known to have an elevated susceptibility to infections (including but not limited to persons with anatomic or functional asplenia, persistent complement component deficiencies, or HIV), see the CDC's recommendations for Immunization of Health Care Personnel/Recommendations of the Advisory Committee on Immunization Practices (ACIP) for additional detailed immunization recommendations.**

### **3 Annual Requirements**

**Students are required to have a TB test ANNUALLY**

**If the Quantiferon Gold or Mantoux skin TB Test is Positive, you must provide the date the test was positive and a negative chest x-ray report. Thereafter an ANNUAL Periodic Health Assessment Form must be completed, signed by a health care provider, and**

**IMMUNIZATIONS AND HEALTH MAINTENANCE POLICY**

**STUDENT ACKNOWLEDGEMENT PAGE**

**I understand my acceptance to the Marquette Physician Assistant Studies Program is contingent upon my full compliance with the above health and immunization requirements. I will create a CastleBranch account to upload my documentation of proof of immunizations and health screening**

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\* Please email the signed fo**