

## Required Immunizations and Health-Related Documentation

ALL documents submitted **must** include Full name, date of birth, and health professional signature or stamp. You must submit the *entire* document (if it is two pages and the second page is blank, you must still submit it).

**Deadline: 1-month prior to in-person training start date**

Please upload the documents using the “uploader” form on the onboarding page. If you have any questions, please reach out to [icsp.immunizations@prepmd.com](mailto:icsp.immunizations@prepmd.com).

1. **Proof of Health Insurance (front and back)**
2. **Photocopy of Driver’s License (front and back)**
3. **Hepatitis B - BOTH are required:**
  - \_\_\_\_\_ Official documentation of completed Hepatitis B immunizations, **AND**
  - \_\_\_\_\_ Official Titer Lab Report MUST indicate immunity: Quantitative Hepatitis B Antibody (Ab) Titer

### Read carefully:

- **If you still need this vaccine:** Get the Heplisav-B (1 month between doses) and **not** Engerix-B (6 months between doses) to ensure you can accomplish this in a timely fashion.
  - **If your titer does not show immunity (negative):** You need to get a booster shot of the **Heplisav-B vaccine** and repeat the Hep B titer 1 month after the booster shot. If at this point your titer is positive (immune), then you are done. If the titer is negative (not immune), then you will need a 2nd dose and repeat the titer again one month later.
  - **If your pharmacy or Doctor’s office doesn’t have or can’t find the Heplisav-B vaccine, you can order it ahead.** Use <https://www.heplisavb.com/3-dose-vaccines> as a resource  
Call 844-375-4728: ask a patient coordinator to find Heplisav-B vaccine in your area  
Call/Request they order Heplisav-B vaccine for you: Sam’s Club, CVS, Walmart and Walgreens pharmacies
4. **MMR (Measles, Mumps and Rubella) -**
    - \_\_\_\_\_ Official documentation of 2 doses of MMR vaccine, **OR**
    - \_\_\_\_\_ Official Lab Report indicating immunity: MMR Titer. **NOTE:** if your titer does not show immunity you need the 2 dose vaccine (1 month between doses) and do not need a repeat titer, the 2X MMR vaccine is enough.
  5. **Varicella (Chickenpox) -**
    - \_\_\_\_\_ Official documentation of 2 doses of Varicella vaccine, **OR**
    - \_\_\_\_\_ Official Lab Report indicating immunity: Varicella titer. **NOTE:** if your titer does not show immunity you need the 2 dose vaccine (1 month between doses) and do not need a repeat titer, the 2X Varicella vaccine is enough.
  6. **Tetanus/Diphtheria/Pertussis (Tdap) required every 10 years**
    - \_\_\_\_\_ Official documentation of Tdap vaccine **within the last 10 years**

7. **COVID-19**

- \_\_\_\_\_ Official documentation of completed COVID-19 vaccine(s), **AND the most current** COVID Bivalent booster
- If the original COVID vaccines were not done prior to April 18, 2023, only the current COVID Bivalent booster is required

8. **Influenza/Flu Vaccine - released in Sep for the coming season - annual requirement:**

\_\_\_\_\_ Official documentation of completed **current seasonal** influenza vaccine

**To be completed AFTER the training is completed, before starting the assignment:**

9. **Tuberculosis Screening**

\_\_\_\_\_ Official Lab Report of negative IGRA or T-Spot TB blood test (if a positive result a chest X-ray is required). **TB Skin test is not sufficient**

10. **Additional Immunization and documentation requested by the Assigned Company Client or the Company Affiliates.**