

Patient Information	Specimen Information	Client Information
BOPP, THOMAS DOB: 11/30/1994 AGE: 22 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL847779G Requisition: 6728039 Collected: 07/14/2017 Received: 07/14/2017 / 23:42 CDT Reported: 07/17/2017 / 15:33 CDT	Client #: 49100638 QATL0000 AUM NURSING CARE CENTER Attn: BIRMINGHAM SOLSTAS LAB 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
MMR (IGG) PANEL (MEASLES, MUMPS, RUBELLA)				
MEASLES ANTIBODY (IGG)	>300.00		AU/mL	AT
AU/mL	Interpretation			
<25.00	Negative			
25.00-29.99	Equivocal			
>29.99	Positive			

A positive result indicates that the patient has antibody to measles virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the patient.

* MUMPS VIRUS				AT
ANTIBODY (IGG)	10.70 L		AU/mL	
AU/mL	Interpretation			

<9.00	Negative
9.00-10.99	Equivocal
>10.99	Positive

A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the patient.

* RUBELLA IMMUNE STATUS				AT
RUBELLA ANTIBODY (IGG)	1.75		index	
Index	Interpretation			
<0.90	Not consistent with Immunity			
0.90-0.99	Equivocal			
> or = 1.00	Consistent with Immunity			

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

HEPATITIS B SURFACE AB				KL9
IMMUNITY, QN	29		> OR = 10 mIU/mL	

Patient has immunity to hepatitis B virus.

For additional information, please refer to <http://education.questdiagnostics.com/faq/FAQ105>
 (This link is being provided for informational/educational purposes only).

VARICELLA ZOSTER VIRUS				AT
ANTIBODY (IGG)	753.10		index	
Index	Interpretation			
<135.00	Negative - Antibody not detected			
135.00-164.99	Equivocal			
> or = 165.00	Positive - Antibody detected			

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Test Name	In Range	Out Of Range	Reference Range	Lab
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A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection.

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Test Name	In Range	Out Of Range	Reference Range	Lab
HEPATITIS B SURFACE AB IMMUNITY, QN	29		> OR = 10 mIU/mL	KL9

Patient has immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).

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Infectious Diseases

Test Name	Result	Reference Range	Lab
HEPATITIS C AB W/REF TO HCV RNA QN PCR			KL9
HEPATITIS C ANTIBODY	NON-REACTIVE	NON-REACTIVE	
SIGNAL TO CUT-OFF	0.03	<1.00	

Physician Comments:

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931
 KL9 SOLSTAS/QUEST DIAGNOSTICS SOLSTAS LAB-BIRMINGHAM, 2732 7TH AVENUE SOUTH, BIRMINGHAM, AL 35233-3406 Laboratory Director: WESTON ROTHROCK, CLIA: 01D1015388

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:
MUMPS VIRUS

AT

ANTIBODY (IGG) 10.70 L AU/mL

AU/mL Interpretation

<9.00 Negative
 9.00-10.99 Equivocal
 >10.99 Positive

A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the patient.



Section 1: Information

Students enrolled in programs offered by the Faculty of Medicine are **REQUIRED** to provide evidence of their immunisation status for the diseases listed in the table below. This list is supported by the Australian Immunisation Handbook 2015 update and Queensland Health policy. **Screening verification for specified blood borne diseases is also required** – see section 3. The attached immunisation record is to be completed by a **REGISTERED MEDICAL PRACTITIONER**. It is most important you obtain your past immunisation record (s) and take this information to the medical practitioner who will complete this form for you.

Name of disease	Requirements
Pertussis* Diphtheria, Tetanus	Complete childhood vaccination course (CCV). Booster as adolescent/adult within last 10 years.
Measles*, Mumps* & Rubella*	2 doses at least one month apart or failing this a blood test showing immunity
Varicella (Chickenpox) *	Fully immunised (2 varicella vaccinations) or a blood test showing immunity
Influenza**	Date of vaccination (annual vaccination in autumn strongly recommended)
Hepatitis A	Not routinely required – recommended for Health Care Workers who work in remote Indigenous communities or with Indigenous children in NT, Qld, SA and WA, and other specified healthcare workers in some jurisdictions
Hepatitis B*	Completed age appropriate immunisation course and serology results confirming immunity
Screening for blood-borne* infectious diseases	Prospective medical students need to screen for Hepatitis B & C and HIV infection as these infections can limit the type of surgical procedures the student can be involved with.
Tuberculosis (TB)*	Must have documented recent test (skin or IGRA / Quantiferon Gold for TB blood test within previous 2 years) to screen for latent Tuberculosis at entry to the study program. Please note the test doesn't need to be repeated during the program unless exposure to tuberculosis has occurred.
Poliomyelitis	Complete childhood vaccination course (CCV)

Notes

Mandatory requirement *

Influenza**

Healthcare workers can transmit influenza to persons at increased risk of complications from influenza infection. Vaccination in the autumn of each year greatly reduces this risk. Healthcare students are strongly encouraged to have Influenza vaccination annually. Students should retain proof of vaccination in the event that it is required for a particular placement site/hospital attachment.

Tuberculosis (TB)

Students can undergo pre-screening free of charge from the Metro South Clinical Tuberculosis Service, Princess Alexandra Hospital Campus, via Cornwall Street, Woolloongabba, Brisbane (there can be long waiting times for testing). Alternatively, this service may be obtained from private pathology laboratories on referral from a medical practitioner (*charges may apply – please confirm with service provider*). The result of the screening is required prior to completion of the attached form

Students should make arrangements to obtain any required vaccinations immediately and return the completed immunisation record along with any supporting documentation, if appropriate.

Records will remain incomplete until all requirements have been met.

Students are reminded that clinical placements or access to clinics will not be permitted unless this record is complete

Section 2: Evidence of Vaccination / Immunisation

Student Name: (BLOCK LETTERS)	BOPP	THOMAS	DAULTON
	Surname	First Name	Other Names
Student Number:		Date of Birth:	11/30/1994

This section must be completed by a medical practitioner

Name of disease	Acceptable evidence of protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date <u>6/25/2017</u> Pertussis booster next due: <u>6/25/2027</u>
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form)		Dose 1 <u>3/1/1996</u> Dose 2 <u>12/2/1999</u>
	OR The student is immune to measles, mumps and rubella.		OR Serology report confirms immunity to measles, mumps and rubella Report date ___/___/___ Result:
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart (both doses must be given before signing the form)		Dose 1 <u>12/13/1995</u> Dose 2 <u>9/24/2010</u>
	OR The student is immune to varicella		OR Serology report confirms immunity to varicella Report date <u>7/17/2017</u> Result <u>(+) 753.10</u>
Influenza	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
Hepatitis A	Not routinely required – see table in section 1		<u>4/5/2013 and 7/14/2017</u>
Poliomyelitis	Documented evidence of completed childhood vaccination course or catch up vaccinations		<u>4 doses OPV</u>
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date ___/___/___ Result: Comment
Hepatitis B <i>2 dose course appropriate for adolescent schedule only.</i>	The student has been fully vaccinated and has produced protective antibodies against hepatitis B		Report date <u>7/14/2017</u> Result: <u>29 (+) immunity</u>
	OR The student is not infected with hepatitis B and is undergoing vaccination against hepatitis B		Dose 1 <u>11/30/1994</u> Dose 2 <u>1/6/1995</u> Dose 3 <u>6/6/1995</u>
	OR The student is positive for hepatitis B surface Ag		Student referred to UQ Health service for advice and cannot perform EPP until medical clearance is obtained – see section 3.

Section 3: Exposure-prone Procedures Statement

To be completed by a medical practitioner

An exposure-prone procedure (EPP) is a procedure where there is a risk of injury to the Health Care Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Blood borne Infectious disease screening and fitness to perform exposure prone procedures

Healthcare workers **must not** perform exposure prone procedures if they are:

- HB e Antigen positive or HBV DNA positive (using an approved sensitive real time PCR assay)
- HCV RNA positive (by PCR or similar test)
- HIV antibody positive (even if virus levels become undetectable on appropriately monitored anti-retro-viral therapy)

References

- *Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses. Australian Communicable Diseases Network 28 February 2012*
- *Management of Human Immunodeficiency Virus (HIV), Hepatitis B Virus, and Hepatitis C Virus Infected Health Care Workers. Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control – Guideline. Version 2, April 2013.*

Screening Verification Details

Medical Practitioner Statement	
I have screened this student for hepatitis B & C and HIV infection and either the student is not infected on testing, or an Australian registered Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician has certified that further testing has confirmed that the student is able to safely perform EPP.	Doctor's signature <i>L. Stewart, CRNP</i> Date 7-24-17
OR	
The student cannot safely perform EPP as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.	Doctor's signature Date

Section 4: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation status of the student named on this form, and have been entered above in compliance with the immunisation entry requirements for the Faculty of Medicine. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

Name of Medical Practitioner/Provider number	Signature:	Date
Carol Stewart CRNP NPI - 1922319102	<i>L. Stewart, CRNP</i>	7/24/2017
Is further follow up required? Please insert details:		Practice Stamp: AUBURN UNIVERSITY MONTGOMERY STUDENT HEALTH CENTER IRMA B. MOORE HALL RM. 102 P.O. BOX 244023 MONTGOMERY, AL 36124-4023

Section 5: Student Declaration

I understand the Faculty of Medicine's requirements outlined in this document and agree to submit this information as a true and correct record of my compliance with these requirements. In addition, I agree to provide updated information as necessary and in particular in relation to any required vaccinations or proof of my status regarding testing for blood borne diseases.

Student Name: (BLOCK LETTERS)	Surname		First Name		Other Names	
Phone No.:		Email:				
Student Number:		Year of Program:	☐ 1 st	☐ 2 nd	☐ 3 rd	☐ 4 th
Signature:			Date:			

The Immunisation record is to be completed in consultation with a Registered Medical Practitioner and returned by the student to:

Faculty of Medicine Students are required to upload the immunisation record to Blackboard: https://learn.uq.edu.au/ Navigate to: Year-1 Community-Site under "My Communities" and Upload Documentation	Enquiries Email: Year1md@uq.edu.au Phone: 07 3365 5175
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Section 6: For Office Use Only

Student Name: (BLOCK LETTERS)	Surname		First Name		Other Names	
Student Number:		Year of Program:	☐ 1 st	☐ 2 nd	☐ 3 rd	☐ 4 th

Immunisation Record

Immunisation record complete:	Yes / No	Date verified:	
Name of office worker:		Signature:	

* Students that have not attained Hepatitis B Immunity should be referred to the UQ Health Service for further specialist advice.

Exposure Prone Procedure Statement

EPP statement satisfactory:	Yes / No	Date verified:	
Name of office worker:		Signature:	

* Students that have not attained a satisfactory EPP should be referred to the UQ Health Service for further specialist advice.

If 'NO' to either of the above, further action is required, and details must be provided in Section 7.

Section 7: Outstanding Requirements

Student Name: (BLOCK LETTERS)	Surname						First Name		Other Names	
Student Number:			Year of Program:	☐ 1 st	☐ 2 nd	☐ 3 rd	☐ 4 th			

[illegible]

This information must remain confidential and will be retained in the students file

Privacy Statement

The information this form is collected for the primary purpose of complying with the requirements of the University and Queensland Health by requiring students to provide evidence of their immunisation status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>



Alabama Department of Public Health

Bureau of Clinical Laboratories

Montgomery Laboratory
P.O. Box 244018
Montgomery, AL 36124-4018
(334) 260-3400

Mobile Laboratory
757 Museum Drive
Mobile, AL 36608
(251) 344-6049

www.adph.org/bcl

Report To LAB RESULTS
AUM NURSING CARE CENTER
IRMA B. MOORE HALL RM.102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
USA

Patient Information

Name	THOMAS BOPP 2132 BROWN DR Montgomery, AL 36106	Date of Birth	11/30/1994
		Gender	Male
		Race	White or Caucasian
		Ethnicity	Not Hispanic
		LIMS Patient ID	X1807913

County of Montgomery

Residence

Sample Information

Sample ID (MRN)	BOPP	Date Collected	7/14/2017
Lab ID	M1707010251-01	Date Received	7/17/2017 09:36 AM
Chain of Custody		Date Reported	7/18/2017 05:07 PM
Specimen Source	Blood	Performing Facility	Montgomery Lab
HIV Form Number	2210037		
Provider Site Code	NA		
Provider County	51		
NPI Provider's First Name?	CAROL		
NPI Provider's Last Name?	STEWART		
Bill To			

Test/Observation	Result	Method / Ref Range
-- SEROLOGY HIV-EIA --		
HIV EIA	NONREACTIVE	GS HIV Ag/Ab Combo EIA
Final Interpretation	Negative for HIV-1 antigen and HIV 1/2 antibodies. No Laboratory evidence of HIV infection. If acute HIV infection is suspected, consider testing for HIV-1 RNA.	GS HIV Ag/Ab Combo EIA