**Health Statement FAQ**

Below are answers to questions specific to our health statement form. We recommend students print out this FAQ to bring to their physician when completing the health statement. **You must have the health statement completed and signed by your physician- no exceptions.**

If your physician has a question and there is not an answer to your health statement question below, email Dianne Young at [dey2001@med.cornell.edu](mailto:dey2001@med.cornell.edu)

* Your physician must transcribe all lab results for immunizations using titers.
* Antibody titers that are borderline or equivocal are considered “negative” – meaning you have not demonstrated immunity. Otherwise, antibody titers should be “positive”, “reactive” or “immune”.
* Your physician must indicate the TB Mantoux test results in millimeters- not just “positive” or “negative”. You must provide IGRAs lab results (Quantiferon Gold or T-spot). Positive results for TB tests will require additional information.
* If necessary, we will consult the Director of Student Health on your behalf if we cannot directly answer your health statement question.

**Can I provide with qualitative Varicella titer (positive/negative result) instead of quantitative one since quantitative Varicella titer is not available in my country?**

Yes. Qualitative results are acceptable for measles, mumps, rubella and varicella immunity. Quantitative results are required for hepatitis B surface antibody.

**Tdap booster is not available in my country. Can I receive it in U.S. prior to the start of my elective?**

Yes, that is acceptable. You must submit proof before you can begin your elective, so schedule accordingly.

**My last dose of Hepatitis B vaccine is at a future date. Can I submit my application while waiting to have my health form updated?**

Yes. You can submit your other application documents along with your partially-completed Health Statement. Once you have a completed Health Statement, you should submit it to globalhealthelectives@med.cornell.edu

**If my IGRA test or Mantoux test turns out to be positive with a normal chest x-ray, will I be ineligible for your program?**

A prior positive skin test reaction or positive IGRA result does not preclude you from applying to the elective.

Along with the other health items you’re instructed to provide, you must include the documentation of the positive skin test result (which for us would be 10mm or greater of induration) and a copy of the chest x-ray report in English demonstrating no evidence of active tuberculosis.

Finally, your physician should include a letter/statement saying that you are free of symptoms of tuberculosis and whether or not you have received treatment for latent tuberculosis infection.

**I’ve been informed that the health center doesn’t offer the Tuberculin/Mantoux test, what can I do? Do I have to get a chest x-ray?**

If your health center no longer offers skin testing, you must have an interferon gamma release assay (IGRA) such as Quantiferon-TB\_Gold or T-spot. Please note you MUST include a copy of the lab report showing the values and results of the test with your health forms.

If the interferon gamma assay is negative, there is no need for chest x-ray- this is considered a negative TB test.

If the interferon gamma assay is positive, you will need a chest x-ray and your health care provide will need to document that you are free of symptoms of active tuberculosis and whether you are being treated for latent tuberculosis infection. This would be handled the same way as a positive tb skin test.

A chest x-ray by itself is not an adequate screen for tuberculosis.

**Does the Mantoux Test have to be 5TU or 10 TU?**

The standard dosing for a Mantoux tuberculin skin test is 5 TU (5 tuberculin units) in 0.1 mL administered intradermally.

**If given the below options for the Hepatitis B test, which one is the best to check?**

* Hep B surface antigen
* Hep B surface antibody
* Hep B Viral load

**Hepatitis B surface antibody** is the preferred test to demonstrated immunity against hepatitis B, especially if you have been previously vaccinated.

If hepatitis B surface antibody does not demonstrate immunity to hepatitis B, then you should proceed with a hepatitis B surface antigen test. This also will determine whether you have a chronic hepatitis B infection prior to obtaining any additional hepatitis B vaccination.

Hepatitis B viral load testing will only be required if you have chronic hepatitis B infection as evidenced by a negative hepatitis B surface antibody test and positive hepatitis B surface antigen test. Students with chronic hepatitis B infection may still participate in most rotations- However, your elective may be modified in regards to participation in more invasive procedures.

**How recent do the blood tests have to be for the health statement form? I have Hep B titers that were done a few years ago at my university occupational health service.**

For measles, mumps, rubella and varicella: if the prior records demonstrate satisfactory immunity, there is no need to repeat testing.

For hepatitis B: we request that the tests are administered within the 6 months prior to the start of the elective.

**Among my antibody test results, the rubella titers are equivocal, but mumps and measles are positive (IgG). Should I take the MMR vaccine, and if- so how many doses? Would I have to do the titers again after the vaccination?**

Students with equivocal or negative antibody titers for measles, mumps, rubella or varicella may be immunized according to the below schedule. You should include copies of all immunization dates with your health statement.

Measles:

1. If you have documentation that you have received 2 prior doses of MMR vaccine after your first birthday, you may receive one additional dose of MMR vaccine, OR
2. If you do not have documentation of 2 prior doses of MMR vaccine, you must get 2 doses of MMR vaccine administered 4 weeks apart.

Mumps:

1. If you have documentation that you have received 2 prior doses of MMR vaccine after your first birthday, you may receive one additional dose of MMR vaccine, OR
2. If you do not have documentation of 2 prior doses of MMR vaccine, you must get 2 doses of MMR vaccine administered 4 weeks apart.

Rubella:

1. If you have documentation that you have received 2 prior doses of MMR vaccine after your first birthday, you may receive one additional dose of MMR vaccine, OR
2. If you do not have documentation of 2 prior doses of MMR vaccine, you must get one additional dose of vaccine

Varicella:

1. If you have documentation that you have received 2 prior doses of varicella vaccine after your first birthday, you may receive one additional dose of varicella vaccine, OR
2. If you do not have documentation of 2 prior doses of varicella vaccine, you must get 2 doses of varicella vaccine administered 4 weeks apart.

**Note: Titers after repeat vaccinations are typically not required for rotations at New York Presbyterian Hospital, but may be required at other rotation sites. If you proceed with repeat titers, your physician should administer the titers 4-6 weeks after the last vaccination.**

**If your physician has a question and there is not an answer to your health statement question below, email Dianne Young at** [**dey2001@med.cornell.edu**](mailto:dey2001@med.cornell.edu)

**For any other questions about applying to our program, email** [**globalhealthelectives@med.cornell.edu**](mailto:globalhealthelectives@med.cornell.edu)