

NAME:

First

Middle

Last

HEALTH AND IMMUNIZATION PACKET IDENTIFYING AND DOCUMENTING REQUIREMENTS

The program requires that the student is able to meet the physical and mental requirements – with or without reasonable accommodation. The technical standards, health history record, immunization record, and the physical examination will guide compliance. These forms along with the essential functions document are used in admission decisions and clinical placements.

Required Immunizations

The following immunizations are required prior to admission into the first clinical course or course where observations are required:

- Hepatitis B (3 dose series)
- Measles – Mumps - Rubella (2 dose series)
- Tetanus – Diphtheria – Pertussis (1 dose of Tdap within last 10 years)
- Varicella (2 dose series, titer, or verified medical history of chickenpox)
- Tuberculosis skin test or chest X-Ray (required annually while in the program) – due October 1st annually
- Influenza vaccine (required annually while in the program) – due October 1st annually

If, for any reason, the student is unable to receive any immunizations a physician's statement will be required.

Note: Additional health requirements may be required by some clinical affiliations.

_____ Student Acknowledgment (Initials)

I understand that I must complete the tuberculosis skin test (or chest X-Ray) and influenza vaccine annually during my matriculation in the program. This is due by October 1st.

_____ Student Acknowledgment (Initials)

Health History and Physical Examination

The program requires students complete a health history and physical examination prior to admission to the first course where observations are required. The program recommends an annual updated medical history and physical examination, but requires the form be updated if the health status has changed.

I understand that I must complete the health history and physical examination prior to admission into the first courses where observations are required. I understand the program uses the documents along with the technical standards form as part of the approval process of clinical and observation placements.

_____ Student Acknowledgment (Initials)

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IMMUNIZATION RECORD

This information contained in this immunization record will be only used by the Program for purposes of determining if you pose a health threat / risk for observation and internship placement. This information will remain as part of the secured student file and will be CONFIDENTIAL at all times.

Health Requirements / Immunizations

In compliance with the Health Care Provider terms of TAC 97.64, applicants to the program are required to provide proof of a physical examination (for admission and annually thereafter) and the following immunizations prior to admission to the first course where observations are required:

- Hepatitis B (3 dose series)
- Measles – Mumps - Rubella (2 dose series)
- Tetanus – Diphtheria – Pertussis (1 dose of Tdap within last 10 years)
- Varicella (2 dose series, titer, or verified medical history of chickenpox)
- Tuberculosis skin test or chest X-Ray (required annually while in the program)
- Influenza vaccine (required annually while in the program)

This form is reviewed by a university and/or program administrator.

If, for any reason, the student is unable to receive any immunizations a physician's statement will be required.

☛ You may attach a copy of your validated permanent vaccination record to serve as this record.

Required Vaccine	Date	Results	Recorder and Information
Hepatitis B Vaccine Series OR Hepatitis A/B Vaccine Series			
Hepatitis B or Hepatitis A/B Dose #1			
Hepatitis B or Hepatitis A/B Dose #2			
Hepatitis B or Hepatitis A/B Dose #3			
Measles – Mumps – Rubella Series			
MMR Dose #1			
MMR Dose #2			
OR Positive MMR Titer			
Tetanus – Diphtheria – Pertussis			
Tdap Dose			
Varicella Series			
Varicella Dose #1			
Varicella Dose #2			
OR Positive Varicella Titer			
Tuberculosis Screening (within last year)			
Tuberculosis Skin Test			
OR Chest X-ray			
Seasonal Influenza Vaccine			
Influenza Dose #1			

Healthcare Professional's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NAME: _____
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PHYSICAL EXAMINATION

This information contained in this immunization record will be only used by the Program for purposes of determining if you pose a health threat / risk for observation and internship placement. This information will remain as part of the secured student file and will be CONFIDENTIAL at all times.

The program requires that the student have evidence of a physical examination from a physician, physician assistant, nurse practitioner, or doctor of osteopathic medicine verifying that the individual is able to meet the physical and mental requirements – with or without reasonable accommodation – didactic and clinical components of program. The physical examination must be completed prior to admission to the first course where observations are required. The program recommends an annual updated physical examination, but requires the form be updated if the health status has changed.

Height (Inches): _____ Weight (Pounds): _____ BP: _____/_____ Pulse: _____

	Normal	Abnormal	Deferred	Comments
HEENT				
Lungs				
Breasts (If Indicated)				
Heart				
Abdomen				
Pelvic (If Indicated)				
Rectal (If Indicated)				
Back and Extremities				
Neurologic				

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic?

NO YES, PLEASE COMMENT BELOW

NOTES/COMMENTS:

Healthcare Professional's Name: _____
Address: _____
City: _____ State: _____ Zip: _____