

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)
- Hepatitis B Titer
- 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)

NAME:

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.

IMMUNIZATION RECORD

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)
- Hepatitis B Titer
- 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			
Hepatitis B Titer			
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			

NAME:

_____ First

_____ Middle

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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.

MEDICAL HISTORY

The program requires that the student have a medical history to identify medical conditions or problem that might interfere with the observation or internship experience. The medical history must be completed prior to admission to the first course where observations are required. The program recommends an annual updated medical history, but requires the form be updated if the health status has changed.

Date Completed: _____

	Current Problem	Previous Problem		Current Problem	Previous Problem
Recurrent Headache			Epilepsy or Seizures		
Eye or Ear Problems			Dizziness		
Nose Problem			Fainting with exercise		
Throat Problem			Head Injury		
Thyroid Disorder			Concussion		
Heart Murmur			Bone or Joint Injuries		
Heart Disease			Back Injury		
Heart Palpitations			Gastrointestinal Problems		
Blood Pressure Issues			Diabetes		
Anemia			Eating Disorder		
Sickle Cell			Attention Disorders		
Bleeding Disorders			Auto Immune Disorders		
Hepatitis			Communicable Disease		
Kidney Disorders			Mononucleosis		
Bladder Disorders			MRSA or Staph Infection		
Pneumonia			Problems with Heat Illness		
Bronchitis			Drug or Alcohol Abuse		
Tuberculosis			Pregnancy		
Seasonal Allergies/Hay Fever			Personal/Family Problems		
Asthma			Emotional Problems		

Any other disease, illness, past surgeries, permanent disabilities or concerns?

Are you currently being treated by a health care professional? If yes, explain _____

Allergies? _____

