

## Health Profession Program Required Immunizations

Return to: Pacific University, Student Health Services, 2043 College Way, Forest Grove, OR 97116  
 Fax: 503-352-3105 Phone: 503-352-2269

Please indicate (✓) your program:

<input type="checkbox"/>	Athletic Training	<input type="checkbox"/>	Occupational Therapy & Re-entry	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Audiology	<input type="checkbox"/>	Optometry	<input type="checkbox"/>	Professional Psychology
<input type="checkbox"/>	Dental Hygiene	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Speech Language Pathology
<input type="checkbox"/>	Healthcare Administration	<input type="checkbox"/>	Physician Assistant	<input type="checkbox"/>	

### **IMPORTANT (PLEASE READ CAREFULLY)**

Your program **REQUIRES** the following immunizations and titers before entering a health profession program, and all required immunizations and titers must be updated as necessary in order to continue enrollment in a health profession program at Pacific University. It is the student's responsibility to timely complete this form and provide copies of proof of vaccinations and titer lab results. Failure to comply with this University policy can affect your admission, enrollment, or ability to continue in a health professions program at Pacific University.

- If you have questions regarding immunization requirements, please contact your program.
- By signing below you agree to allow immunization record information to be shared with your program.
- Your program is responsible for verifying compliance of immunization requirements for clinical placement
- Retain original documentation of immunization information and keep these readily available to you—you will need these for clinical rotations.

Name—please print (last, first, middle initial) \_\_\_\_\_ Birth date (mo/day/yr) \_\_\_\_\_ Signature (Required) \_\_\_\_\_

### **Required—Please attach this form to your immunization documentation**

Acceptable documentation includes childhood immunization records, immunization records/print-outs from a provider, and/or lab reports.

- Hepatitis B**
  - Three documented Hepatitis B vaccine dates  
**AND**
  - Hepatitis B Surface Antibody reactive titer showing immunity
- MMR** (Measles, Mumps, Rubella)
  - Two documented vaccines (both after age 1 year) **OR** titer for each showing immunity
- Tdap** Vaccine (Tetanus, Diphtheria, Acellular Pertussis) Note: the tetanus/ diphtheria vaccine is unacceptable without pertussis
  - One documented vaccine in the last 10 years
- Varicella Vaccine** (Chickenpox)
  - Two documented vaccines **OR**
  - If you have had the disease a titer (Varicella IGG) showing immunity to disease. Documentation of the disease does not meet this requirement
- Tuberculosis Screening** within 6 months of start of program (Annual TB screening is required while in your program)
  - Negative Tuberculosis Skin Test (TST) **OR** Negative Quantiferon Gold Test (QFT) **OR** Tspot\*.
  - Students with a positive TST, QFT, or Tspot, must obtain documentation of a normal Chest X-ray.  
\*Physician Assistant Students are required to have a Quantiferon Gold test (QFT)  
\*Pharmacy Students who opt for TST must have 2 step TST administered within 1– 3 weeks of each other

**Please note:** Check with your program to see if yearly Influenza vaccine is required.

**Required for Dental Hygiene and Physical Therapy Programs and any student who participates in international travel. Pacific strongly recommends Hepatitis A vaccine for ALL health profession students.**

- Hepatitis A**
  - Two documented vaccines.
  - **I am not in the Dental/Physical Therapy Program and will not participate in international study programs and therefore I decline the Hepatitis A vaccine at this time.** I understand that I may be exposed to Hepatitis A virus during my program, and despite this risk, I decline the Hepatitis A vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A, which may also place patients and coworkers at risk. In the event of a Hepatitis outbreak, I understand I may be excluded from the university or clinical training placement under the direction of the local health officer or the Student Health Center Director. In addition, I understand that the Hepatitis A Vaccine series may be required by the University or my program in the future as a condition of continued participation in the program. Should this become a requirement, this declination will not be operative. I agree to defend, indemnify, and release the university from any and all claims resulting from my failure to receive the Hepatitis A vaccine.

Student Signature for Declination of Hepatitis A vaccine: \_\_\_\_\_ Date: \_\_\_\_\_