Pacific University

Health Profession Program Required Immunizations (2017-18)

IMPORTANT (PLEASE READ THESE INSTRUCTIONS COMPLETELY & CAREFULLY)

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

1. Retain original documentation of immunization information and keep these readily available to you – you will need these throughout your program and for clinic rotations.
2. Deadline for forms and documentation:
   - Physician Assistant Program—May 1
   - Athletic Training, Audiology, Dental Hygiene, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Speech Language Pathology, all Psychology programs—July 10
   - Health Administration and Leadership—August 30
3. If you are currently "in process" of getting immunization(s) or titers, submitting incomplete information is acceptable, remember to submit additional information to the Student Health Center as it is completed.
4. Mail form and copies of supporting documentation to the Student Health Center (do not email or fax).
   Pacific University Student Health Services
   2043 College Way A-174
   Forest Grove, OR 97116
5. If you have questions regarding immunization requirements, contact your Program.
6. By signing on Page 2 you agree to allow immunization record information to be shared with your program.
7. Your program is responsible for managing compliance of immunization requirements for clinical placement. You will be given access to the information you've provided via Boxer Online.
8. Notification of missing requirements will come from your Program.
9. Do not call The Student Health Center (SHC) to verify receipt of your information. The SHC is unable to respond due to the heavy volume of paperwork being processed. Once your information has been reviewed it will be posted to your Boxer Online Account and you will be able to verify your information. Please allow 2 weeks from receipt for review.

Health Profession Program Required Immunizations (2017-18)

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

Name: _____ **Birth Date:** _____
Print Clearly (last, first, middle initial) (mo/day/yr)

Student ID Number (if known): _____ **Phone Number:** _____

Signature: _____ **Date:** _____
(Required: Signature allows immunization records information to be shared with student's program)

Please indicate (√) your program:

	Athletic Training		Occupational Therapy		MA/MS Applied Psychological Science
	Audiology		Pharmacy		PsyD Program in Clinical Psychology
	Dental Hygiene		Physician Assistant		PhD Program in Clinical Psychology
	Vision Science		Physical Therapy		Healthcare Administration MHA
	Optometry		Speech Language Pathology		BHS in Healthcare Management

Attach copies of your immunization documentation to this form – keep originals for your use

Immunizations Required for All Programs:

- ☐ **Hepatitis B Series and Titer**
  - Must show proof of immunity to Hepatitis B via a Surface Antibody titer
    Note: Providing dates of 3 vaccine doses does not meet requirement. Titers are drawn 4-6 weeks after receiving 3 doses of Hepatitis B vaccine. If the titer shows you do not have immunity, additional doses of the Hepatitis B vaccine is required and a second titer must be completed to prove immunity.
- ☐ **MMR** (Measles, Mumps, Rubella)
  - Two documented vaccines of MMR (administered after the age of 1)
    Note: The vaccine must include all three (an MR vaccine is unacceptable)

    OR
  - A titer for each, Measles (Rubeola) IgG, Mumps IgG, and Rubella IgG, showing immunity
- ☐ **Tdap** (Tetanus, Diphtheria, Acellular Pertussis)
  - Must have one documented vaccine in the last 10 years
    Note: a TD vaccine (tetanus and diphtheria) is unacceptable. The combination vaccine must be for all three components.
- ☐ **Varicella** (Chickenpox)
  - Two documented vaccines

    OR
  - If you have had the disease, a titer (Varicella IGG) showing immunity to disease
    Documentation of the disease alone is unacceptable (the titer is required).

Program Dependent Requirements

- ☐ **Tuberculosis Screening** - within 6 months of the start of program
  - **Physician Assistant Students:** Quantiferon Gold Test (QFT) **or** Tspot test
  - **Pharmacy Students:** Tuberculosis Skin Test (TST) **or** Quantiferon Gold Test (QFT) **or** Tspot
    Note: Pharmacy students who opt for TST must have 2 step TST administered within 1-3 weeks of each other.
  - **ALL OTHER PROGRAMS:** Tuberculosis Skin Test (TST) **or** Quantiferon Gold Test (QFT) **or** Tspot

NOTE: ANY students with a positive TST must get QFT or Tspot. If QFT or Tspot is positive, students must obtain documentation of a normal Chest X-ray within 6 months of start of program.
Annual TB screening is required while in your program.

Health Profession Program Required Immunizations (2017-18)

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

☐ **Hepatitis A**

- **Programs that require the vaccine:** School of Dental Hygiene Studies, Physical Therapy Programs and ANY student who participates in international travel
  - **Two** documented vaccines are required
- Note: Pacific University strongly recommends Hepatitis A vaccine for ALL health profession students. Please sign declination if you are not getting the Hepatitis A vaccines.
  - **I am not in the Dental Hygiene or 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:** _____