

FALL 2016
ENTERING PHARM.D. CLASS of 2020
HEALTH REQUIREMENTS CHECK SHEET

Please take both the Check Sheet and the Health Data form with you to your physician's office

Documentation of the following health requirements must be submitted by **ALL** students no later than **4 p.m. on May 6, 2016**.

*Students will be given instructions on how to turn in the completed Health Data Form in an email prior to the April 22, 2016, mandatory PharmD meeting. **Please hold on to the Health Data Form until you receive these instructions.** All of the health requirements listed below must be placed on the **Health Data form** distributed in the fall of 2015. Failure to submit a concise single document with all health requirements will be the same as **not submitting or fulfilling** any health requirements.*

1. MMR vaccination OR Mumps, Rubella, & Rubeola titers.

Having documentation of 2 doses of the MMR vaccine given after your first birthday will satisfy this requirement (titers not necessary). If you **do not** have documentation of the 2 MMR vaccines, each titer (Mumps, Rubella, & Rubeola) must be drawn showing a positive titer in order for the requirement to be met. If any of the three titers (Mumps, Rubella, & Rubeola) are negative, you must provide documentation of 2 MMR vaccines.

Two doses of MMR vaccine given any time after first birthday

OR

All 3 titers must be drawn and positive if 2 MMR vaccines are not documented

Mumps titer indicating immunity to Mumps (If titer is negative, 2 doses of MMR are required.)

And

Rubella titer indicating immunity to Rubella (If titer is negative, 2 doses of MMR are required)

And

Rubeola titer indicating immunity to Rubeola (If titer is negative, 2 doses of MMR are required)

2. Varicella

[One of the following must be met. ***Note: history of chicken pox or shingles is not an acceptable alternative***]

Two doses of Varicella vaccine given any time after first birthday (per the CDC, the two doses must be given at least 28 days apart).

OR

Varicella titer indicating immunity to Varicella (If titer is negative, 2 doses of Varicella vaccine are required)

3. Tetanus, Diphtheria, and Pertussis (also known as "Tdap")

- Tdap - An adult dose of the vaccine must have been given within the last ten years.

4. Hepatitis B (**BOTH requirements below must be met**)

- Three-dose series of Hepatitis B vaccination (see timeline below)

AND

- Hepatitis B Surface **Antibody** titer indicating a positive immunity to Hepatitis B*

To meet the May 6, 2016, deadline for your Hepatitis B series and titer, you **MUST** follow the Center for Disease Control (CDC) **accelerated** schedule. The schedule is:

- ▶ 1st Dose
- ▶ 2nd Dose given a minimum of 4 weeks from the 1st dose
- ▶ 3rd Dose given a minimum of 16 weeks from the 1st dose
- ▶ Titer drawn a minimum of 4 weeks from the 3rd dose

The minimum completion dates based on the CDC accelerated schedule in order to meet the May 6, 2016, deadline is:

- ▶ 1st Dose given **no later** than December 3, 2015
- ▶ 2nd Dose given no later than December 31, 2015
- ▶ 3rd Dose given no later than March 24, 2016
- ▶ Titer drawn no later than April 21, 2016

Please note: this timeline is exact, and varying from the above dates even slightly may cause you to miss the May 6, 2016, deadline. We recommend you begin your vaccines **IMMEDIATELY**.

***Note:** Per Center for Disease Control (CDC), if Hepatitis B titer is negative/non-reactive you must obtain and document a **second series** of the Hepatitis B vaccine and subsequent titer. The following procedure should be completed:

- Obtain & document the 3-dose series of hepatitis B vaccine again following the same intervals (for a total of 6 vaccines) and obtain a titer 1 month after 2nd series is complete.
 - If titer is still negative after 6 doses (second series) of the vaccine, you are considered a non-responder and do not require subsequent Hepatitis B vaccination or titer.
 - If titer is positive, you are considered immune and no further testing or vaccination is needed.

If you have an initial negative titer after the first 3-dose vaccine series, the documented record of the 6 vaccines and two titers are required for this item to be considered complete. The initial 3-dose series and titer must be complete and documented by the May 6th deadline. If your HepB titer is negative, it is advised that you contact The Experiential Team for any questions about the start and completion requirements for your second series. The additional vaccination series and titer due dates will be determined and emailed to each student who may need to complete a second series.

***Note: The second row of cells/boxes on the data form is intentionally left blank for those who have a negative HepB titer and therefore need to complete a second HepB series. If you have a positive HepB titer, this row will be left blank.**

5. **Tuberculosis/TB Screening** (Repeated annually throughout the PharmD Professional Program.)

[One of the following must be met]

If you are known to be TB positive, either by skin test, T-spot, or quantiferon test, you are required to have a chest x-ray stating that there is no active lung disease along with the documentation that states why you may be TB positive. The Experiential Team will notify you on how to proceed after the appropriate documentation is received.

2-Step PPD performed after October 1, 2015.

1) A 2-step PPD is a skin test given with the results read in 48 to 72 hours **AND** a second skin test given with the results read within 48 to 72 hours. There must be a minimum of one week between skin tests BUT no more than three weeks.

2) You must wait at least four weeks after an MMR before getting a PPD skin test.

****Note for the future:** After this initial 2 step, only, a single-step PPD is required as long as it is completed within one year of the prior PPD test. If this timeframe is not met, an additional 2 step will be required.

OR

Quantiferon Blood Test performed after October 1, 2015.

OR

T-Spot TB Blood Test performed after October 1, 2015.

AND/OR

Chest X-Ray **if needed per above instructions**

6. **Physical Examination** (Repeated annually throughout the PharmD Professional Program.)

Physical Examination performed after October 1, 2015

ADDITIONAL REQUIREMENTS

Confirmation of the additional requirement must be completed by May 6, 2016.

➔ Need to have proof of a valid Social Security Number

If we are notarizing your Internship license application, we will consider this proof of your Social Security card. If you are having your Internship license notarized by an outside facility, confirmation must be made by us seeing the actual card.

We will begin checking Social Security Cards and/or notarizing intern license applications after the April 22, 2016, mandatory PharmD meeting.

If you do not have a Social Security number, you will need to work with the Office of International Student Services to find out what is required of you to obtain one. You can call the office at 419-530-4229, or visit the website, to find out more information: <http://www.utoledo.edu/cisp/international/>

If you have an auto-immune disease or any extenuating circumstances that may prevent you from completing your health requirements, this information must be provided to the Experiential Team immediately to discuss any options.