



HEALTH REQUIREMENTS CHECKLIST **Entering PharmD Class of Fall 2022**

Please take this Checklist and the Physical & TB Screening Forms with you to your physician's office.

Documentation of the following health requirements must be submitted in person to the experiential team or electronically via email to PharmDHealthDoc@Utoledo.edu by **ALL** incoming students no later than **11:59 p.m. May 7, 2022**. **PLEASE BE SURE TO START EARLY ON COMPLETING & COLLECTING YOUR HEALTH DOCUMENTATION (SOME TAKE SEVERAL MONTHS).**

There are SIX (6) health requirements that will need to be completed, documented appropriately and submitted:

1. *MMR Vaccination series (or titers)*
2. *Varicella vaccination series (or titers)*
3. *Tdap vaccination*
4. *Hepatitis B vaccination series **AND** antibody titer*
5. *Tuberculosis (TB) Screening (2 step PPD, Quantiferon or T-spot)*
6. *Physical exam (on form provided or with specific statement required)*

Please read the following information carefully regarding what satisfies each requirement and what the documentation needs to include for us to accept it.

Vaccination and lab/titer records must be official medical records from your physician's office or pharmacy or printed from your electronic chart from one of these places.

*For any **vaccination** record being submitted, the following must be present:*

- *Your name*
- *Name of vaccine administered*
- *Date of vaccine administration*
- *Address and name of healthcare business the vaccine was administered by*

*For any **titer** record being submitted, the following must be present:*

- *Your name*
- *Name of titer or blood test drawn*
- *Date of titer or blood test draw*
- *Result of titer or blood test*
- *Reference range of titer/blood test for the lab it was drawn or lab's interpretation of titer/blood test (example of lab reference range below)*

Vaccinated: ≥ 12 mIU/mL, Positive (Immune)
Unvaccinated: < 8 mIU/mL, Negative (Not Immune)
8-11.99 mIU/mL: Indeterminate,
(Considered Not Immune)

**Please note: this is just an example of what a reference range from the lab may look like and is not intended to guide results as labs will differ.*

1. MMR Vaccination **OR** Positive Mumps, Rubella AND Rubeola titers

- Two doses of MMR vaccine given any time after first birthday (doses must be at least 28 days apart)

OR

Titers drawn showing positive titers for ALL 3 of the following:

- Mumps titer indicating immunity to Mumps
And
- Rubella titer indicating immunity to Rubella
And
- Rubeola titer indicating immunity to Rubeola

Please note: if you have the appropriate documentation of the MMR vaccines, you DO NOT need to have the titers drawn. The titers are an alternative to the vaccine records if you are unable to obtain them but believe that you had the vaccine in the past.

2. Varicella Vaccination

- Two doses of Varicella vaccine given any time after first birthday (doses must be at least 28 days apart)

OR

- Varicella titer indicating immunity to Varicella

Please note: if you have the appropriate documentation of the varicella vaccines, you DO NOT need to have the titer drawn. It is an alternative to the vaccine records if you are unable to obtain them but believe that you had the vaccine in the past.

3. Tdap Vaccine: Tetanus, Diphtheria, and Pertussis Vaccination

- Tdap - An adult dose of the vaccine must have been given within the last ten years (2012 or after).

4. Hepatitis B Vaccine Series & Titer: **Full vaccination series AND titer are required**

- Three-dose series of Hepatitis B vaccination (Engerix-B or Recombivax-HB) OR Two-dose HEPLISAV* series of Hepatitis B vaccination according to the schedules on the following page (***HEPLISAV is not covered by some insurances, be sure to check first**)

AND

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

If you have not started or had the Hepatitis B series in the past, in order to meet the **May 7, 2022** deadline, you must follow the Center for Disease Control (CDC) **accelerated** schedule for Hepatitis B 3-dose series and antibody titer or the two-dose HEPLISAV series & hepatitis antibody titer.

Three-dose Hepatitis B series (Engerix-B or Recombivax-HB)

- ▶ 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

Two-dose HEPLISAV Hepatitis B series:

- ▶ 1st Dose
- ▶ 2nd Dose at least 4 weeks after the 1st dose
- ▶ Titer drawn a minimum of 4 weeks from the 2nd dose

NOTE: Per CDC, if Hepatitis B antibody titer is negative/non-reactive, you must get a booster/challenge dose of the Hepatitis B vaccine and a second antibody titer at least 4 weeks after the dose. The following procedure should be completed:

- Obtain and document the booster/challenge dose of Hepatitis B vaccine (in addition to your original series) and an antibody titer at least 4 weeks after the booster/challenge dose.
 - If antibody titer is positive, you are considered immune and no further testing or vaccination is needed.
 - If titer is still negative after the booster/challenge dose of the vaccine, you are considered a non-responder and do not require subsequent Hepatitis B vaccination or titer. Additional counseling and paperwork will be required.

If you have documentation of your three-dose series of the Hepatitis B vaccines/two-dose HEPLISAV Hepatitis B vaccines **AND** a negative antibody titer, you have fulfilled the requirements for the May 8th deadline (but not for the program). If your titer is negative, you should have your booster/challenge dose of the Hepatitis B vaccine immediately followed by an additional antibody titer at least 4 weeks after the booster/challenge dose.

5. Tuberculosis/TB Screening: One of the below checkbox items must be met.

- 2-Step PPD** performed after **October 1, 2021**: PPD skin test administered with the results read 48 to 72 hours after administration ***FOLLOWED BY*** a second skin test administered 7-21 days after the first test with the results read 48 to 72 hours after administration

It is highly recommended to use the TB Screening Form provided for documentation of your 2-step PPD to assure all necessary items are documented.

OR

- Quantiferon Blood Test performed after **October 1, 2021**.

OR

- T-Spot TB Blood Test performed after **October 1, 2021**.

If you are known to be TB positive, either by skin test, Quantiferon, or T-spot, 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.

6. Physical Examination:

Physical Examination completed **after October 1, 2021** attesting student is cleared and free of restrictions to perform healthcare duties

It is highly recommended to use the Physical Documentation Form provided to assure proper wording/clearance is included. If you choose to use documentation other than the form provided for proof of physical, it must contain the verbiage “patient/student is cleared and free of restrictions to perform healthcare duties” and include your name, the provider’s name and contact information, the provider’s signature, and date of physical.

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.

Additional Information for Submission of Health Documents

We are happy to review your documents, only in person (by appointment) or sending your documents to PharmDHealthDoc@Utoledo.edu ahead of the due date. Acceptable email document formats include: pdf, jpg, doc, png, and gif. **HEIC formatted files are not acceptable.**

Confirmation of your completed health requirements must be received by the Experiential Team no later than **May 7, 2022.**

Still have additional questions? Please feel free to contact the Experiential Office:

Sherlette Hobbs

IPPE Program Accreditation Specialist

Email: Sherlette.hobbs@utoledo.edu

Phone: 419-383-1944