



UT CPPS PharmD Program Admission Health Requirements

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Purpose

- As healthcare professionals, we are at risk of contracting and spreading vaccine preventable diseases
- It is important we protect ourselves and our patients!
- Required to gain experiences in pharmacy settings
 - Experiential Education is ~30% of the PharmD curriculum

Admissions requirement



Full completion of health documents is required for final admission to the PharmD program



All items must be documented appropriately and received by the Experiential Team either in person or via email by Saturday MAY 8, 2021

The email address can be found on the Health Data Checklist (and at the end of this presentation) to submit your health documents if not submitted in person



Note: It is highly recommended you have your health documents checked long before the deadline and that you get started on collecting these items right away!

6 Total requirements

3 documents available to you:

1. Health document Checklist
2. TB Screening Documentation Form
3. Physical Documentation Form

- 1.Measles, Mumps & Rubella (MMR)
- 2.Varicella
- 3.Tetanus, Diptheria & Pertussis (Tdap)
- 4.Hepatitis B (START EARLY!)
- 5.Tuberculosis (TB) Screening
 - Highly recommend using provided form
- 6.Physical
 - Highly recommend using provided form

Vaccine Documentation Requirements

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

- 1. Your name*
- 2. Name of vaccine administered*
- 3. Date of vaccine administration*
- 4. Address and name of healthcare business the vaccine was administered by*

Titers & Blood Tests

*For any **titer** or other blood test (such as T-Spot or Quantiferon) record being submitted, the following must be present:*

- 1. Your name*
- 2. Name of titer or blood test drawn*
- 3. Date of titer or blood test draw*
- 4. Result of titer or blood test*
- 5. 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)

Titer=blood test that quantifies antibodies against a certain disease



1. Measles, Mumps & rubella

- Record of 2 vaccinations after 1st birthday at least 28 days apart

OR

- Positive titers for mumps, rubella AND rubeola
 - All titers must be positive for this to satisfy the requirement



2. Varicella

- Record of 2 vaccinations after 1st birthday at least 28 days apart

OR

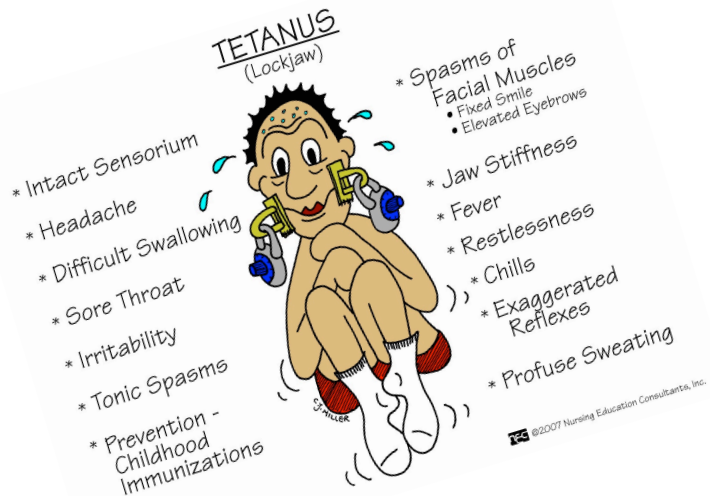
- Positive Varicella titer

- NOTE: Record of having chicken pox or the disease DOES NOT satisfy this requirement

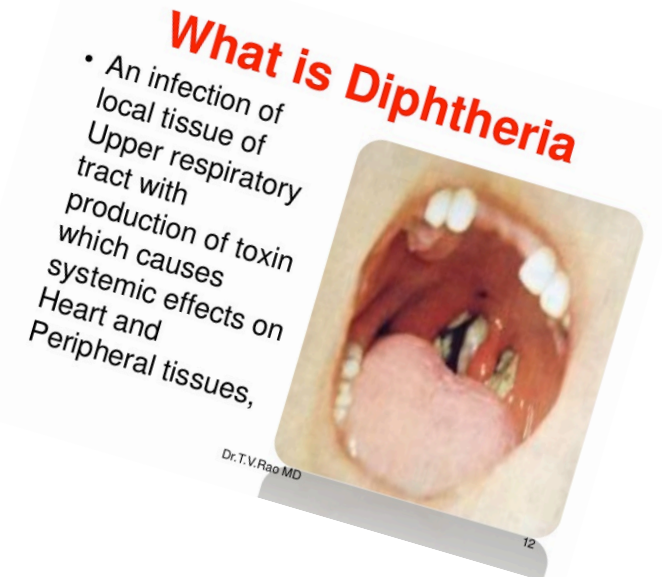


3. Tdap Vaccine (Tentanus, diptheria & Pertussis)

- Record of 1 Tdap vaccination in the last 10 years (2011 or after)



Pertussis Vaccination (Whooping Cough)
Its not just for your kids



4. Hepatitis B (Start Early!)

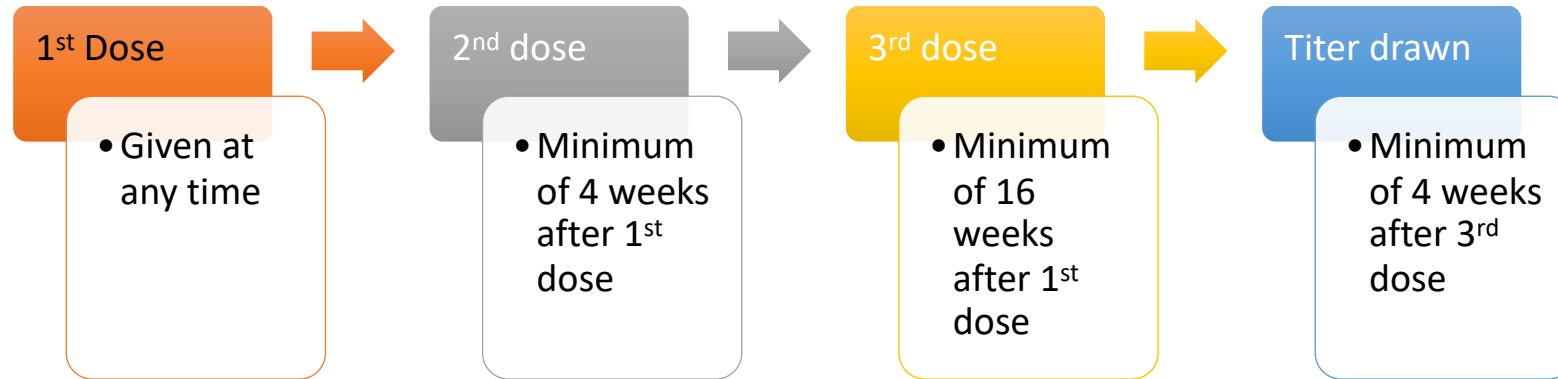
3 doses of hepatitis B vaccination (following an appropriate timeline (*alternatively may have 2 dose series of Heplisav B vaccine))

AND

Positive hepatitis B antibody titer at least 28 days after the last hepatitis B vaccine

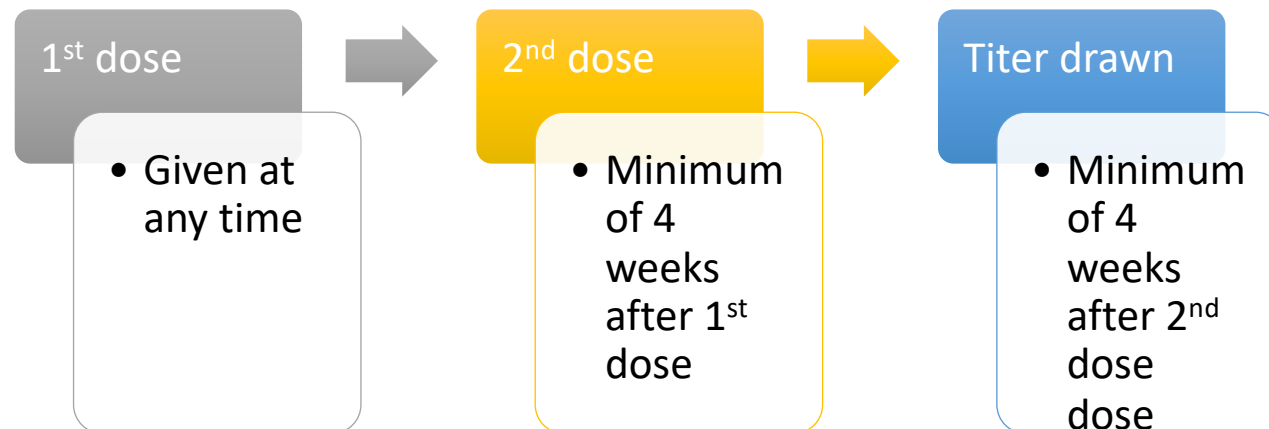
4. Hepatitis B (start early!) Continued

3 Dose Series (Preferred by most insurances)



This process takes
a **MINIMUM** of
21-22 weeks!

Heplisav 2 Dose Series (Not covered by many insurances)



*Please Note: if you have a negative titer from either series, there are additional requirements

Hepatitis B: Additional Information

If you have documentation of your hepatitis vaccine series & titer but your titer is negative:

- You will need to obtain a challenge/booster dose of Hepatitis B vaccine followed by a final titer at least 4 weeks after the challenge/booster dose to complete this requirement
 - If the 2nd titer is negative, the IPPE Team will provide further instruction

5. Tuberculosis (TB) Screening

3 options (must be AFTER October 1, 2020):

- 2 step PPD (4 steps involved)

OR

- QuantiFERON Blood Test

OR

- T-spot TB Blood test

*If any of these tests are positive,
please contact the Experiential Office
ASAP for additional documentation
requirements



5. Tuberculosis (TB) Screening: Option 1: 2 Step PPD

PPD skin test administered

Have skin "read" 48-72 hours later

2nd PPD skin test administered

2nd "reading" of skin test 48-72 hours after 2nd dose/test

Requires 4 visits to complete! (2 tests with 2 readings)

Must be completed after October 1, 2020

Highly recommended to use TB form provided for administration & result documentation (be sure results are on form/documentation)



LAST NAME FIRST NAME ROCKET ID
ADDRESS CITY STATE ZIP CELL PHONE

TB SCREENING FORM Only Choose One of These Options

PPD Skin Test: Initial 2-Step	PPD Skin Test: Annual 1-Step*
PPD Skin Test: Step 1 - Date Given: _____	PPD Skin Test: Step 1 - Date Given: _____
PPD Skin Test: Step 1 - Date Read: _____	PPD Skin Test: Step 1 - Date Read: _____
Results: _____	Results: _____
OR	
PPD Skin Test: Step 2 - Date Given: _____	
PPD Skin Test: Step 2 - Date Read: _____	
Results: _____	

**The PPD 1-step is done annually after you have received the initial 2-step.*

TB Quantiferon	T-Spot TB Test
Date Collected: _____	Date Collected: _____
Date Recorded: _____	Date Recorded: _____
Results: _____	Results: _____
(Positive or Negative)	(Positive or Negative)

OR

Please use office stamp if available.

Physician's Name: _____	
Address, City, State, Zip: _____	
Physician's Signature: _____	Date: _____

5. Tuberculosis (TB) Screening (Alternatives to PPD)

- **Alternatives** to PPD skin test:

- Quantiferon Blood Test

OR

- T-spot TB Blood test

*Be sure the date drawn & date result is recorded along with result are on documentation

6. Physical (after October 1, 2020)

- Documentation attesting student is cleared and free of restrictions to perform healthcare duties
- Highly recommended to use the Physical Documentation Form provided
 - Documentation other than the form provided for proof of physical must contain the verbiage
“patient/student is cleared and free of restrictions to perform healthcare duties” & include your name, the provider’s name and contact information, the provider’s signature, and date of physical



Date: _____

RE: Patient's Full Name _____

Dear UT College of Pharmacy:

Please be advised that my patient, _____, was seen by me on this date _____, had a physical exam completed and patient/student is cleared and free of restrictions to perform healthcare duties.

Physician's Signature: _____

Physician's Name: _____

Office Name, Address, City, State, Zip: _____

Please use office/prescriber information stamp if available along with signature.

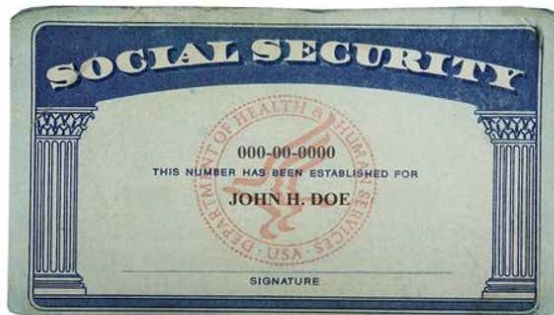


Keys to Success

Start ASAP	Start early!
Take Checklist	Take your health requirement checklist, physical form & TB form with you to see your healthcare professional!
Review	Review everything yourself alongside the health data checklist
Submit Early	Meet with us in person or send your documents via email to be reviewed BEFORE the deadline!

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

- Required for Ohio pharmacy intern license
 - Ohio intern license required for all Professional Division PharmD Students
- Must assure you have a SSN or ITIN prior to final admission to the program





Start early!

Final deadline Saturday May 8, 2021!

PharmDHealthDoc@utoledo.edu should be used to submit or review your health documents

- Again: Highly recommended you submit well before the deadline
- It is preferred you send as many of your documents as possible as one file or within 1 email for tracking purposes

If you have questions, reach out to us early!

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