

HEALTH REQUIREMENTS CHECKLIST - Entering PharmD Class of Fall 2025

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 Office or electronically via email to PharmDHealthDoc@Utoledo.edu by **ALL** incoming students no later than **11:59 p.m., May 3, 2025**.

**For students who receive provisional admission after the May 3, 2025 deadline, health requirement documentation will be due by August 15, 2025.*

You will need to start early on completing and collecting your health documentation. Some of the requirements will take several months to complete. Please note that clinical sites may have additional requirements that need to be completed prior to clinical experiences. These will be communicated on a case-by-case basis and may limit a student's site placement if not completed.

There are SEVEN (7) health requirements that will need to be completed, documented appropriately, and submitted:

1. MMR Vaccination series (or positive titers)
2. Varicella vaccination series (or positive titer)
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)
7. COVID-19 vaccine documentation (minimum of 1 dose or an approved exemption)

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 legible, official medical records from your physician's office, pharmacy, or printed from your electronic chart from one of these places.

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

- Your first and last 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 first and last 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:

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 a reference range and is not intended to guide results as labs will differ.*

1. MMR Vaccination *OR* Mumps, Rubella AND Rubeola Positive 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 results 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 (2015 or after).

4. Hepatitis B Vaccine Series AND Titer: Both full vaccination series & titer are required

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

AND

△ Hepatitis B Surface **Antibody** Titer

**If you have a negative/non-reactive titer result, please see your next steps on the following page*

Hepatitis B vaccination series schedules per the Center for Disease Control (CDC):

OPTION 1: Three-dose Hepatitis B vaccine series (Brand Names: Twinrix, PreHedberio, Engerix-B or Recombivax-HB):

- ▶ 1st Dose
- ▶ 2nd Dose given a minimum of 4 weeks after the 1st dose
- ▶ 3rd Dose given a minimum of 6 months after the 1st dose
- ▶ Antibody titer drawn a minimum of 4 weeks after the 3rd dose

OPTION 2: Two-dose Hepatitis B vaccine series (Brand Name: Heplisav-B):

- ▶ 1st Dose
- ▶ 2nd Dose given a minimum of 4 weeks after the 1st dose
- ▶ Antibody titer drawn a minimum of 4 weeks after the 2nd dose

Negative Hepatitis B Antibody Titer

If you have received your Hep B vaccine series and your Hep B titer is negative/non-reactive, you must do one of the following:

OPTION 1: Obtain and document a booster/challenge dose of Hepatitis B vaccine (in addition to your original series) and a second antibody titer at least 4 weeks after the Hep B booster/challenge dose.

- If antibody titer is positive, you are considered immune and no further vaccination or testing 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 further vaccination or testing. However, additional counseling and paperwork will be required.

OPTION 2: Receive counseling from an Experiential Education Program Director about Hepatitis B virus exposure and sign a Hepatitis B Waiver.

If you have documentation of your complete Hepatitis B vaccine series as outlined by the CDC above **AND** an antibody titer, you have fulfilled the requirements for the May 4th deadline. However if your titer was negative, you must choose one of the above options to meet the Hepatitis B vaccine and titer requirement for the PharmD program.

5. Tuberculosis/TB Screening: ONE of the below checkbox items must be completed

Δ 2-STEP PPD performed after October 1, 2024.

A 2-step PPD is defined as a PPD skin test administered with the results read 48-72 hours after administration; **Followed by** a second skin test administered 7-21 days after the first test was administered with the results read 48-72 hours after administration.

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

OR

Δ Quantiferon Blood Test performed after October 1, 2024.

OR

Δ T-Spot TB Blood Test performed after October 1, 2024.

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 documentation that states why you may be TB positive. The PharmD Experiential Team will notify you on how to proceed after the appropriate documentation is received.

Students are strongly advised to use the same TB screening method each year for their PharmD program requirements. Switching between different methods may result in the need for additional steps to meet the requirement.

6. **Physical Examination:**

- △ Physical Examination **completed after October 1, 2024**. Documentation must state that the patient/student is cleared and free of restrictions to perform healthcare duties.

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

7. **COVID-19 vaccine documentation**

- △ Documentation of 1 dose (minimum) of a COVID-19 vaccine

OR

- △ Documentation of a medical, religious, or belief exemption

- Email PharmDHealthDoc@Utoledo.edu to request the appropriate exemption form. Upon completion of the form, the student will email it to PharmDHealthDoc@Utoledo.edu for processing.

Additional Information for Submission of Health Documents

We are happy to review your documents. This can be done in person (by appointment) or by emailing 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.**

The Experiential Office must receive documentation for health requirements no later than **May 3, 2025**.

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

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