

Dear Student:

A complete health history, physical examination, serum blood titers, Tuberculosis clearance, immunization records (since childhood), a Tdap vaccine and completion of all the attached forms is required **prior to registration** at Western University of Health Sciences (WesternU). Once you have completed all of the above requirements forward all of the documents to the Student-Employee Health Coordinator (see below).

**NOTE:** You should only need to contact our office if you have not received an email or phone call from our department within **5 business days after** you have submitted your health clearance documents. Contact information is listed below.

**YOU WILL NOT BE ALLOWED TO COMPLETE THE REGISTRATION PROCESS WITHOUT PROVIDING THE FOLLOWING COMPLETED DOCUMENTS:**

1. Student Information (Form A—1 page)
2. Health History (Form B—1 page)
3. Physical Examination (Form C—2 pages; your healthcare provider must sign this form)
4. Immunization records / titer results & Tuberculosis (TB) clearance (Form D—2 pages—your healthcare provider must sign this form)
5. Authorization for release of communicable disease clearance information to clinical rotation sites (1 page and you must sign and date this form)
6. Authorization for release of student health clearance documents (1 page and you must sign and date this form).

**All documents must contain your name and  
WesternU Student ID number.**

**RETURN ALL COMPLETED FORMS (via mail, fax or email) TO:**

Western University of Health Sciences  
Student Health Office  
100 W. Second Street, Anderson  
Tower, Room 219  
Pomona, CA 91766-1700  
Email: [stu-emphealth@westernu.edu](mailto:stu-emphealth@westernu.edu)

Or

Main #: 909-706-3830 / Fax #: 909-706-3785


**HEALTH CLEARANCE “TO DO” LIST**


**Take the Health Clearance Packet and forms with you *every* time you visit your Healthcare Provider**

1. 1<sup>st</sup> appointment with your Healthcare Provider (can only be: MD/DO/NP/PA):
  - Physical Examination (Form C): make sure form is completely filled out and signed by your Healthcare Provider.
  - Order the following serum blood titers (any quantitative result must have reference ranges to be accepted):
 

<p>Hepatitis B (HBsAb, <b>QN</b>)  <b>[NOTE: only a QUANTITATIVE result will be accepted]</b></p>	<p><u>Can be either Qualitative or Quantitative</u> [if QN, must include reference range numbers]            Varicella (Varicella AB, IgG).            Measles (Measles AB, IgG, EIA)            Mumps (Mumps AB, IgG)            Rubella (MMR AB, IgG)</p>
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  - A Tdap vaccine obtained within the last 10 years. A TD or DTap will not be accepted.
  - Tuberculosis Clearance must be **one** of the following:
    - 1<sup>st</sup> TB skin test administered and must be read after 48 to 72 hours after administration.
    - IGRA, e.g., Quantiferon or T-spot Test (*valid at WesternU for 4 years*) instead of TB skin tests will be accepted.
    - Chest x-ray *only* if you have history of positive TB skin test or if your IGRA test is positive.
2. 2<sup>nd</sup> appointment with your Healthcare Provider:
  - Review titer results and obtain copy of all actual lab and, if needed, Chest X-ray reports.
  - Receive Hepatitis B, MMR, and/or Varicella vaccine, if indicated, and provide documentation.
  - Form D completed and signed by your Healthcare Provider.
  - Tuberculosis Clearance must be **one** of the following:
    - **TB skin test:** result must be a number. The words “negative” or “positive” will not be accepted.
    - **IGRA:** (e.g., Quantiferon or T-spot) test lab report and completed TB Symptoms Health Screening Checklist form, signed/dated by your Healthcare Provider.
    - **Chest x-ray:** radiology report and completed TB Symptoms Health Screening Checklist form, signed/dated by your Healthcare Provider.
3. Obtain copies of **all** your immunization records since childhood from your doctor’s office, high school, or previous university.
4. Gather all your health clearance documents and ONLY the following are to be sent to Student Health:
  - Forms A through D, completed, signed and dated
  - Copies of all titers and other required lab results
  - Copies of all immunization records since childhood
  - TB clearance as described in item #2
  - Must be filled out, dated and signed by you: “Authorization for Release of Communicable Disease Clearance Information to Clinical Rotation Sites” and “Authorization for Release of Student Health Clearance Documents” forms.

 Send one complete copy of all your documents at one time via fax, email, or regular mail.

 Do not send your forms piece by piece as they can be misplaced.

 Do not depend on your healthcare provider’s office sending all your forms to us.

Please carefully read the details below regarding the documentation you must provide in order to register for classes.

1. **History and physical exam:** must be within six (6 months) of matriculation (first day of beginning your classes at WesternU). (Complete Forms A through C, be sure they are *complete* and *signed* as indicated *or they will not be accepted*).
2. **Serum blood titer reports:** must be drawn within one (1) year of matriculation and show you are immune against measles, mumps, rubella, varicella and Hepatitis B. Immunization records and/or “had the disease” alone *will not* be accepted for these diseases. You must submit serum titer lab results that include reference ranges, along with your immunization records. These records must show, at minimum, your name, the name of the vaccine and the date of administration.
  - a. Your healthcare provider **MUST ORDER THE FOLLOWING** titers to meet this admission requirement:
    1. Hepatitis B Surf AB QN (only Quantitative results will be accepted, must include reference range numbers)

The lab results for the following can be either Qualitative (QL) or Quantitative (QN).

2. Measles AB IGG, EIA
  3. Rubella Antibodies, IgG
  4. Mumps Antibodies, IgG
  5. Varicella IgG AB
  6. IGRA (e.g., Quantiferon or T-spot)
  7. Rabies titer (*applies to Veterinary Medicine students only*): must be a Rapid Fluorescent Focus Inhibition Test (known as a RFFIT) and **ONLY** if you have previously received the rabies vaccine series of three (3) shots at least two (2) years before matriculation. Please note this is the only rabies titer we will accept.
- b. Based upon your health history or current health status, if a particular immunization is medically temporarily/permanently *contraindicated*, a signed letter from your licensed healthcare provider attesting to this contraindication will be acceptable. However, you will still be responsible for obtaining the immunization clearance as soon as your temporary health issue is resolved. You will not be cleared to start any clinical rotations without this clearance.
3. **Hepatitis B vaccine series:** if you have initiated the Hepatitis B vaccination series prior to starting classes, but have not yet completed the series of three (3) injections, registration for your first semester of classes will not be delayed, **if** you submit documentation showing you have started the Hepatitis B vaccination series. However, you will need to submit proof of receiving the 2<sup>nd</sup> and 3<sup>rd</sup> vaccine as soon as they have been received. You must also provide a Hepatitis B Surf AB QN titer drawn at least 30-days after your 3<sup>rd</sup> vaccine.
  4. **Tetanus/Diphtheria/Acellular Pertussis (Tdap) booster:** we require one documented Tdap booster within the last 10 years. An immunization record is required for this vaccination.
  5. **Tuberculosis (TB) clearance:** **YEARLY REQUIREMENT** NOTE: If you need to have the 2-step PPD skin test, they **must be at least 10 days apart or they will not be accepted**. If you are on the Pomona campus, you can obtain your 2<sup>nd</sup> PPD skin test during the first week of classes at the Patient Care Center Pharmacy on the east end of campus. ***It is your responsibility to renew your yearly TB clearance and submit it to Student Health before it expires.*** The only acceptable TB clearance is one of the following:
    - a. **Tuberculin Skin Test (commonly known as a PPD):** PPD results must be read 48- to 72-hours after administration and the results must indicate millimeters of induration and not simply “negative” or “positive.” *The form must be dated and signed by a licensed healthcare provider* or it will not be accepted.
    - b. **IGRA lab test:** reports cannot be more than 6 months from date of matriculation and must indicate qualitative results. **This blood test is valid at WesternU for four (4) years**, however students must also submit a completed, signed and dated TB Symptoms Health Screening checklist form on a yearly basis to the Student Health Office.
    - c. **Chest x-ray:** If you have a prior history of latent TB infection (LTBI) as determined through a tuberculin skin test (PPD) or a blood test (IGRA), a licensed Healthcare Provider must provide a signed, written report that shows you do not have active TB disease. If you were treated with medication for LTBI, the name, dosage, duration, and date of completion must also be included. If a chest x-ray was required for TB clearance, a copy of the actual radiology *report* and a completed TB Symptoms Health Screening checklist form must accompany your health clearance documents. Please note that the chest x-ray cannot have been taken more than 6-months prior to the start of your matriculation (first day of class), this way it is valid for four (4) years.

**Prior history of active pulmonary TB:** a licensed *physician* must provide a signed, written report that *must* show you have completed, or are in the process of completing, all required therapy. The report *must* include the name of the medications, dosages, frequency of administration, and total doses received. If you have *completed the therapy*, the report *must* state this fact, including the date the treatment was completed. If your treatment is *still in process*, the report *must* state when it is expected to be completed. Additionally, a chest x-ray report is required for admission clearance. You must provide a copy of the actual radiology report and it cannot be more than 6-months old if: 1) you have completed the treatment and/or, 2) from the day you start class.

**History of BCG vaccination:** prior BCG vaccination is NOT a contraindication to either PPD or IGRA. In this setting, interpretation of the results of screening tests for TB infection will take into account each of the following:  
1) the length of time between past BCG vaccination and the screening test; and 2) the risk of infection with *Mycobacterium tuberculosis*.

6. **Influenza vaccination:** **YEARLY REQUIREMENT**—all students *must* receive the annual influenza vaccination every fall. Documentation of receipt of this vaccination is required and must be submitted to the Student Health Office no later than the November 30<sup>th</sup> each year or a hold will be placed on your account.

### **Veterinary Students ONLY**

7. **Rabies vaccination:** Students enrolling in the DVM program must provide all of the above documentation as well as show proof of having received the pre-exposure series of rabies immunization, or agree to complete the rabies vaccinations as part of the University matriculation process no later than September 30<sup>th</sup> of the current year.
- A pre-exposure series involves the administration of three (3) intramuscular doses of the vaccine given on days 0, 7 and 21 or 28.
  - You can begin receiving your rabies vaccination series now or during orientation week on campus at the Patient Care Center Pharmacy. A fee is charged for each of the vaccines you have to receive. For pricing, please call 909-706-3730.
  - Students who have previously received the Rabies vaccine series may be excused from being re-vaccinated by providing official documentation from their healthcare provider stating the dates they received all 3 rabies vaccines. The serum RFFIT titer (which measures level of immunity to rabies) must be done two years *after* completing a rabies vaccines series. If the vaccines were completed more than 2 years ago, you will need to obtain a RFFIT serum titer. The titer results must also be included in the documentation you will be sending in.

## **KEY POINTS**

**No further health clearance reminders will be sent to you. It is your responsibility to keep track of items you are required to submit to the Student Health Office.**

**If you fail to submit required documents when they are due, a hold will be placed on your account. This means you will not be able to register for classes, receive financial aid payments, or obtain transcripts.**

All records/documents submitted must be either originals or clean and clear copies. They must also contain your name, WesternU Student ID #, the college/program in which you will be enrolled, and your anticipated graduation year must be clearly written on *each* document, e.g., John Smith, @0012345678, COMP 2022.

**If you have *medical* questions on any of the above, please consult with *your* personal physician or healthcare provider.**

**If you have any additional question regarding the health clearance requirements, you may direct them to the Student Health Office at 909-706-3830. You can also email us at: [stu-emphealth@westernu.edu](mailto:stu-emphealth@westernu.edu)**

**Form A: Student Information**

*This section to be completed by the student.  
Please use ink and print clearly.*

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
 Last First Middle Sex (circle): Male Female

**WesternU Student ID# @** \_\_\_\_\_ **Anticipated Year of Graduation: 20**\_\_\_\_\_

**Program** (indicate the college you will be entering)

- |                      |                              |                                |                             |
|----------------------|------------------------------|--------------------------------|-----------------------------|
| COMP-DO: California  | College of Allied Health: PT | College of Allied Health: PA   | College of Graduate Nursing |
| COMP-DO: Oregon      | College of Pharmacy          | College of Veterinary Medicine | College of Podiatry         |
| College of Dentistry | College of Optometry         | College of Biomedical Sciences |                             |

**Current Address:** \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip/Province Code

**Telephone Number:** \_\_\_\_\_ **WesternU Email:** \_\_\_\_\_@westernu.edu

**Person to notify in case of an emergency/accident:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 Last First Middle Initial

**Address:** \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State/Country Zip/Province Code

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
 (Please include country code if telephone numbers are outside of the United States)

**Email:** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Student / Date Signed

Name: \_\_\_\_\_

WesternU Student ID# @ \_\_\_\_\_

Allergies (drugs/food): \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

**Place a check mark if you currently or have ever had any of the following:**

HEAD	GASTROINTESTINAL	BLOOD DISORDER
Major dental problems	Abdominal pain	Anemia
Dizziness or Fainting	Recent changes in appetite	Rheumatic fever
Encephalitis	Recent changes of bowel habits	Sickle cell
<b>EYES</b>	Recent constipation	Lymphoma
Eye trouble	Frequent diarrhea	Other
Wear glasses	Digestive disorder	
Wear Contact Lenses	Difficulty swallowing	<b>MENTAL HEALTH</b>
<b>EARS/NOSE/THROAT</b>	Recurrent emesis (vomiting)	Frequent nightmares
Allergies	Gastric or duodenal ulcer	Trouble concentrating
Ear trouble	Hemorrhoids/Rectal fissures	Cry often
Hearing problem	Other ano-rectal disorder	Feeling of depression
Frequent nosebleeds	Hernia	Tendency to worry
Hay fever	Intestinal worms	Memory loss
Frequent sore throat	Jaundice	Mental health disorder
<b>ENDOCRINE</b>	Black bowel movements	Feelings of loneliness
Hypothyroid	Vomiting blood	Considerable nervousness
Hyperthyroid	Intestinal inflammation	Difficulty sleeping
Diabetes mellitus	Gall bladder disease	Considered suicide
<b>CHEST/HEART/LUNGS/VASCULAR</b>	Hepatitis	Lose temper often
Breast disease or masses	<b>GENITOURINARY</b>	Require use of sleeping aids
Chest pain/pressure	Urine contains (circle): Blood Albumin Sugar	Other
Heart disease/murmur	Kidney disease	<b>ADDITIONAL MEDICAL HISTORY</b>
High blood pressure	Bladder disease	Cancer
Rapid or irregular pulse	Painful urination	Unusual fatigue
Varicose veins	Frequent urination	Frequent colds
Asthma	Genital disorder	Serious illness
Chronic cough	Prostate gland disorder	Sexual problems
Emphysema	Frequent urinary tract infections	Skin disorders/infections
Lung disease	Other	Unexplained weight gain or loss
Night sweats	<b>FEMALES ONLY</b>	Other
Pleurisy	Abnormal pap smear	<b>SURGICAL HISTORY</b>
Wheezing	Ovarian cysts	Appendectomy
Shortness of breath	Pelvic inflammatory disease (PID)	Gall bladder
Coughing up blood	Pregnancy: G P	Pelvic surgery
<b>INFECTIOUS DISEASE</b>	Painful menses (dysmenorrhea)	Cesarean section
Ambiasis	Fibrocystic disease	Tonsillectomy
Chicken pox	Other	Other
Coccidiomycosis (Valley Fever)		
Encephalitis		<b>SOCIAL HISTORY</b>
Hepatitis		Smoke tobacco
Histoplasmosis	<b>MUSCULOSKELETAL</b>	Alcohol use
Intestinal Parasitic infection	Arthritis	Recreational drug use
Malaria	Chronic muscle pain	Other
Measles	Spine problem, e.g., disc or vertebrae	Please explain any areas that you checked or may not be
Meningitis	Swollen of painful joints/extremities	
Mononucleosis	Bone infection	
Mumps	Amputation	
Prior BCG vaccine		
Prior positive PPD		
Rheumatic fever	<b>NEUROLOGICAL</b>	
Rubella	Speech defect	
Scarlet fever	Cluster headache	
Sexually transmitted disease	Migraine headaches	
Tuberculosis	Paralysis, tremors, muscle weakness	
	Neuralgia or numbness	
	Seizures	

Name: \_\_\_\_\_

WesternU Student ID#: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Ht: \_\_\_\_\_

Wt: \_\_\_\_\_

BP: \_\_\_\_\_ / \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

Vision: R \_\_\_\_\_ / 20 L \_\_\_\_\_ / 20

Corrected / Uncorrected (circle)

	Detailed Description of <b>ABNORMAL</b> Findings
<b>GENERAL:</b> Posture, gait, speech, appearance	
<b>HEAD:</b> Hair, symmetry, tenderness	
<b>EYES:</b> Lids, sclera, conjunctiva, muscles, cornea, pupils, fundi, peripheral fields	
<b>EARS:</b> Pinna, canal, drum, hearing	
<b>NOSE:</b> Septum, obstruction, mucosa	
<b>MOUTH/THROAT:</b> Breath, lips, teeth, tongue, mucosa, pharynx, tonsils	
<b>NECK:</b> Thyroid, motion, trachea, veins	
<b>LYMPHATICS:</b> Cervical, supraclavicular, axillary, inguinal	
<b>CHEST/LUNGS:</b> Symmetric, percussion, excursion, breath sounds	
<b>CARDIOVASCULAR:</b> PMI, Rate, Rhythm, Sound, Murmur, Neck Bruits, upper ext. pulses, lower ext. pulses, leg veins, edema, abdominal bruit	
<b>ABDOMEN:</b> Tenderness, organs, hernia, masses, sounds, scars	
<b>MUSCULOSKELETAL:</b> Back, upper extremities, lower extremities	
<b>SKIN:</b> Birthmarks, rashes, scars, texture	
<b>NEUROLOGIC:</b> DTRs: Biceps, Triceps, Patella, Ankle, Romberg, Babinski, Cranial Nerves, sensory, coordination, tremor, vibratory	
<b>MENTAL STATUS:</b> ALOC x 3, affect, judgment, cognition, memory, abstraction, hallucination/delusions	
Breasts, Rectal, Gyn and male GU are not required to be examined	

**The physical exam can be no more than 6 months old from date the student will begin classes.**

**Name** \_\_\_\_\_  
Last First Middle

Other Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any significant emotional problems: \_\_\_\_\_

Are there any restrictions on physical activity? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any recommendations for continued medical care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date received Tdap (tetanus/diphtheria/acellular pertussis) vaccination: \_\_\_\_\_

**NOTE: A TD and/or Dtap will NOT be accepted.**

**Tuberculosis clearance (student must submit TB clearance from only 1 of the 3 options described below):**

1. **TB PPD skin test.** NOTE: A 2-Step TB PPD (the 2<sup>nd</sup> PPD must be administered at least 10 days from the 1<sup>st</sup> PPD being administered) is required if the student has not had a PPD in more than 1 year, or 365 days.

Date 1<sup>st</sup> PPD Placed: \_\_\_\_\_ Date 1<sup>st</sup> PPD Read: \_\_\_\_\_

Results of 1<sup>st</sup> PPD: \_\_\_\_\_ Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Date 2<sup>nd</sup> PPD Placed: \_\_\_\_\_ Date 2<sup>nd</sup> PPD Read: \_\_\_\_\_

Results of 2<sup>nd</sup> PPD: \_\_\_\_\_ Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Having a history of receiving the BCG vaccine alone is not acceptable as a positive PPD history unless a skin test has been given and the result was 10mm or greater.

2. **IGRA (e.g., Quantiferon or T-spot).** Lab report must not be more than 6 months from the first day of matriculation. *In addition, student must submit a completed TB Symptoms Health Screening checklist.* **IGRA Date:** \_\_\_\_\_  
(Note: **This test is valid for 4 years at WesternU.**)

3. **Chest x-ray/radiology report.** If student has a positive PPD history a current chest x-ray report must not be more than 6 months from the first day of matriculation is required. *In addition, student must submit a completed TB Symptoms Health Screening checklist.* **Chest x-ray date:** \_\_\_\_\_

**Healthcare provider name (printed/stamped):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address of Healthcare provider:** \_\_\_\_\_

**Phone number (please include country code if outside of USA):** \_\_\_\_\_



Name: \_\_\_\_\_ WesternUID# @ \_\_\_\_\_

**Serum blood titers are NOT the same as vaccinations/immunizations.  
Copies of all titer lab reports must be submitted.**

**1. Hepatitis B Surf Ab, Quantitative QN]**

**Only a QUANTITATIVE titer result will be accepted.**

Titer Date: \_\_\_\_\_

Titer Results: \_\_\_\_\_

**Note:** If Negative, Start Hepatitis B Series: #1 date \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Day 0 30 Days After #1 6 Months after #1

**\*\*NOTE:** If you have received two complete Hepatitis B series' (one series consists of 3 vaccines) and the titer still shows no immunity, then you must provide proof of two complete vaccination series before you can be declared a Hepatitis B non-converter. Once declared a non-converter, you will *not* be required to receive any more Hepatitis B vaccines.

**Hepatitis B Carrier \*\*Known Hepatitis B carriers are required to have the additional blood tests listed below and the results must be included in the health clearance documents you submit:**

Date: \_\_\_\_\_ Hepatitis B Surface Ag, Hepatitis B core Ab, and Hepatitis Be Ag

**2. Measles (Rubeola) AB, IgG, EIA** Titer date: \_\_\_\_\_ Titer Results: \_\_\_\_\_

**Note:** If titer results are negative or inconclusive/equivocal and you have no documentation showing you have completed the MMR vaccine series (2 vaccines) then you must start the vaccination series which is 2 immunizations 30 days apart.

Date of Immunization #1: \_\_\_\_\_ Date of Immunization #2: \_\_\_\_\_

If your titers are inconclusive and you *do have* documentation showing you have completed the MMR vaccination series, a booster MMR is recommended.

**3. Mumps Antibodies, IgG** Titer date: \_\_\_\_\_ Titer Results: \_\_\_\_\_

**Note:** If titer results are negative or inconclusive/equivocal and you have no documentation showing you have completed the MMR vaccine series (2 vaccines) then you must start the vaccination series which is 2 immunizations 30 days apart.

Date of Immunization #1: \_\_\_\_\_ Date of Immunization #2: \_\_\_\_\_

If your titers are inconclusive and you *do have* documentation showing you have completed the MMR vaccination series, a booster MMR is recommended.

**4. Rubella Antibodies, IgG** Titer date: \_\_\_\_\_ Titer Results: \_\_\_\_\_

**Note:** If titer results are negative or inconclusive/equivocal and you have no documentation showing you have completed the MMR vaccine series (2 vaccines) then you must start the vaccination series which is 2 immunizations 30 days apart.

Date of Immunization #1: \_\_\_\_\_ Date of Immunization #2: \_\_\_\_\_

If your titers are inconclusive and you *do have* documentation showing you have completed the MMR vaccination series, a booster MMR is recommended.

**Titers cannot be more than 1 year old**

Name: \_\_\_\_\_ WesternUID# @ \_\_\_\_\_

**5. Varicella IgG AB**

Titer date: \_\_\_\_\_ Titer Results: \_\_\_\_\_

**Note:** If titer results are negative or inconclusive/equivocal and you have no documentation showing you have completed the varicella vaccine series (2 vaccines) then you must start the vaccination series which is 2 immunizations 30 days apart.

Date of Immunization #1: \_\_\_\_\_ Date of Immunization #2: \_\_\_\_\_

If your titers are inconclusive and you *do have* documentation showing you have completed the varicella vaccination series, a booster varicella is recommended.

**6. Tetanus Diphtheria Acellular Pertussis (Tdap) Booster:**

Tdap Booster date: \_\_\_\_\_ **NOTE: A Td/Dtap will NOT be accepted.**

**7. Immunization Records:** A copy of all of your immunization records (beginning in childhood) must be submitted.

**8. Tuberculosis (TB) Clearance [Submit only 1 of 3 options described below]:** TB clearance is a yearly, mandated requirement.

- **TB PPD skin test. NOTE:** A 2-Step TB PPD (the 2<sup>nd</sup> PPD must be administered *at least* 10 days from the 1<sup>st</sup> PPD being administered) is required if the student has not had a PPD in more than 1 year, or 365 days.

Date 1<sup>st</sup> PPD Placed: \_\_\_\_\_ Date 1<sup>st</sup> PPD Read: \_\_\_\_\_

Results of 1<sup>st</sup> PPD: \_\_\_\_\_ Millimeters of Induration (the words “negative” or “positive” are unacceptable)

Date 2<sup>nd</sup> PPD Placed: \_\_\_\_\_ Date 2<sup>nd</sup> PPD Read: \_\_\_\_\_

Results of 2<sup>nd</sup> PPD: \_\_\_\_\_ Millimeters of Induration (the words “negative” or “positive” are unacceptable)

Having a history of receiving the BCG vaccine alone is not acceptable as a positive PPD history *unless* a skin test has been given and the result was 10mm or greater.

- **IGRA (e.g., Quantiferon or T-spot).** Must provide copies of the lab report and it *must not be more than 6 months* from the first day of matriculation. *In addition, you must submit a completed TB Symptoms Health Screening checklist. IGRA Date: \_\_\_\_\_ (Note: This test is valid for 4 years at WesternU).*
- **Chest x-ray/radiology report.** If student has a positive PPD history a current chest x-ray report that is *no more than six (6) months* from the first day of matriculation is required. *In addition, student must submit a completed TB Symptoms Health Screening checklist.*

Chest X-ray Date: \_\_\_\_\_ **\*Must provide copy of Radiology report\***

**Healthcare Provider Signature**

\_\_\_\_\_  
Printed Name of Licensed Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Healthcare Provider



**TB Symptoms Health Screening Checklist**

***This form only applies to those required to have a chest x-ray or have had an IGRA (Quantiferon) test.***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student/Employee ID # @ \_\_\_\_\_

Department: \_\_\_\_\_

Grad. Year: 20 \_\_\_\_\_

College: COMP-CA COMP-OR Dental MSMS Nursing Optometry PT PA Pharmacy Podiatry Vet Med

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Have you ever had a BCG vaccination? Yes No If yes, it is preferred that you obtain an IGRA (e.g., Quantiferon or T-spot test)

Date of last PPD \_\_\_\_\_

PPD Results \_\_\_\_\_ MM

Date of IGRA (e.g., Quantiferon/T-Spot) test: \_\_\_\_\_

Results: \_\_\_\_\_

Date of Last Chest X-Ray: \_\_\_\_\_

Results: \_\_\_\_\_

Positive for TB \_\_\_\_\_

Negative for TB \_\_\_\_\_

1. Have you ever been told you have active tuberculosis? ( ) Yes ( ) No

2. Have you ever taken Isoniazid (INH) or Rifampin (RIF)? ( ) Yes ( ) No

3. Date and duration of medication regime \_\_\_\_\_ (months)

4. During the past year have you noticed:

- Unexplained weight loss? ..... ( ) Yes ( ) No
- Decrease in your appetite? ..... ( ) Yes ( ) No
- Cough not associated with cold or flu? ..... ( ) Yes ( ) No
- Increase in AMOUNT of Sputum? ..... ( ) Yes ( ) No
- Change in COLOR of Sputum? ..... ( ) Yes ( ) No
- Change in CONSISTENCY of Sputum? ..... ( ) Yes ( ) No
- Blood Streaked Sputum?..... ( ) Yes ( ) No
- Night sweats? ..... ( ) Yes ( ) No
- Unexplained low grade fever? ..... ( ) Yes ( ) No
- Unusual tiredness or fatigue? ..... ( ) Yes ( ) No
- Swelling of lymph nodes? ..... ( ) Yes ( ) No
- Have you had contact with a family member or partner who has been diagnosed with tuberculosis? ( ) Yes ( ) No
- Have you or a member of your family been exposed to someone who is immune compromised? ( ) Yes ( ) No

Explain any "Yes" answers above: \_\_\_\_\_

List any on-going medical problem \_\_\_\_\_

**Signature of Person Completing this form**

**Date**

Plan of care, if indicated: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ No further action needed

\_\_\_\_\_ Chest X-Ray Requested

\_\_\_\_\_ Further Evaluation Needed

Must be reviewed by licensed healthcare provider if any "yes" answers



## **Authorization for Release of Communicable Disease Clearance Information to Clinical Rotation Sites**

Date: \_\_\_\_\_

WesternU ID#: @ \_\_\_\_\_

I, \_\_\_\_\_ born on \_\_\_\_\_, hereby authorize:  
(Student Name)

Western University of Health Sciences  
Student Health Office  
100 W. Second Street, Room 219  
Pomona CA, 91766-1700

To release to the extent permitted by law, the following medical information that Western University of Health Sciences (WesternU) now has in its possession, or that it may create or receive from any third party in the future: Immunization information (including titer results); Tuberculosis clearance; History and Physical Exam report to any of the clinical rotation site(s) of the University that I am or will be assigned to as a student of the University. I understand that this information must be provided, if requested, in order to prove to a clinical rotation site that I meet all communicable disease clearance requirements as required by the University. I also understand that if I do not allow this information to be provided to the various clinical rotation sites, a clinical rotation site can refuse to allow me to rotate through its facility. I am also acknowledging that if I cannot complete the clinical rotations required for my degree and/or licensure because of my refusal to authorize the release of my communicable disease clearance information to the clinical rotation sites, I agree to hold the University harmless to the extent permitted by law. I also am aware that this Authorization will remain in effect for the duration of my time as a student at WesternU and will expire on the date of my graduation from the University.

***I understand that it is my responsibility to remember to renew my Tuberculosis clearance each year before it will expire. If the PPD skin test does expire, I know I will be required to complete 2 separate PPD skin tests in order to be in compliance with the TB clearance protocol. I understand that if my TB clearance was completed by chest x-ray or serum blood test, I must complete a TB symptoms checklist and submit it to the Student Health Office on a yearly basis.***

***I understand I must obtain and submit proof of receiving the yearly Influenza vaccination no later than November 30<sup>th</sup> of each year to the Student Health Office. I am also aware the only exception to this mandatory vaccination requirement is if there is a medical contraindication and that a physician's note attesting to this fact must be provided to the Student Health Office.***

***I am aware I will not be notified of a hold placed on my account if my health clearance requirements are not up to date. I also understand the hold will not be removed until I have submitted any outstanding items to the Student Health Office. This means I will not be able to register for classes or obtain financial aid until the hold is cleared.***

By signing this Authorization I agree with all the provisions stated in this Authorization for the release of the specified information and continued health clearance requirements.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name of Student

**AUTHORIZATION FOR RELEASE OF STUDENT HEALTH CLEARANCE DOCUMENTS**

**College:** COMP-CA COMP-OR Dental MSMS Nursing Optometry PA Pharmacy Podiatry PT Vet Med

**Student ID # @** \_\_\_\_\_

**Grad Year 20** \_\_\_\_\_

**Please Print**

Name	DOB	Sex: Male Female
Address		Phone:
City/State/Zip		

I hereby request and authorize that the **Student-Employee Health Office** email my Health Clearance Records to my **WesternU email address** of: \_\_\_\_\_@westernu.edu or to

The Health Clearance Records I am authorizing for release include:

\*Immunizations/Titers      \*Tuberculosis Clearance Documents      \*History and Physical Exam

Other: \_\_\_\_\_

NOTE: Unless lined out, those with an \* will be sent to the email address you indicate

**A handwritten signature is required in order to activate this request.**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: A photocopy or electronic scan of this document shall be as valid as an original.

**This Authorization is valid until otherwise notified in writing.**

## **Immunizations, Tuberculosis Clearance & Titers**

**Q—Why do I need to submit my immunization records and serum titers?**

A—Many clinical rotation sites that our student's rotate through require copies of both your immunization records and serum titer results. When you are preparing to start at a clinical rotation site that requires this information, you will just need to contact the Student Health Office and the information can be provided immediately instead of days or weeks later (If you are having trouble locating your immunization records, you may want to check with your high school/undergraduate college/university Health Center to see if they have a copy of your vaccination history).

**Q—If my healthcare provider writes a note stating the student “is up-to-date on all vaccines,” is this acceptable?**

A—No. Documentation requirements for your health records must show the specific dates you received the vaccines. Health records may be in the form of original vaccination records (or a clear copy) or a letter from the healthcare provider on their letterhead or printed prescription (no emails allowed) stating the vaccine name and dates each was administered. The letter must be signed by the healthcare provider. We will not accept school records, family member statements or baby book entries.

**Q—If I get behind in a vaccination series (i.e., hepatitis B, MMR or varicella), what should I do?**

A—You will pick up where you left off and complete the vaccination series. For example, you received 2 of the 3 vaccinations for hepatitis B but you have not received the 3<sup>rd</sup> dose of the vaccine. If it has been less than 5 years since you started the series, then you can go ahead and just receive the final dose. If more than 5 years have lapsed, it is recommended that with some vaccines you start the entire series over. Your healthcare provider can help evaluate what you should do. If you can show you have started a vaccine series, you will be allowed to register for your first semester but until you provide proof you have completed the series, you will not be allowed to register for any subsequent semesters/classes.

**Q—If I received a vaccine dose earlier than the minimum interval recommended, is this acceptable?**

A—No it is not. The dose of vaccine is invalid and must be re-administered after the minimum interval has been met. For example, the hepatitis B minimum intervals are as follows: Dose 1 is administered. Dose 2 should be separated from dose 1 by at least one month (4 weeks or 28 days). Dose 3 should be separated from dose 2 by at least 2 months (8 weeks) AND from dose 1 by at least 4 months (16 weeks).

**Q—Will vaccines interfere with my TB skin test (commonly known as a PPD) results?**

A—Some vaccines may. For example, the MMR vaccine may interfere with PPD results (may have a false negative result in someone who actually has an infection with TB) if the vaccine is administered within 4-weeks of the PPD. However, the MMR vaccine can be administered at the same time and on the same day as the PPD. The hepatitis B, tetanus and rabies vaccines can be administered any time without interfering with PPD results.

**Q—How do I know if my 1<sup>st</sup> PPD will be accepted or counted?**

A—If you have not had a PPD in more than one year, you are required to complete the 2-Step PPD process before your complete TB clearance requirement has been met. The 2<sup>nd</sup> PPD must be administered at least 10-days from the 1<sup>st</sup> PPD being administered.

**Q—If I received the TB skin test at WesternU, can I have a healthcare provider at a non-WesternU clinical rotation site read the TB skin test results and document them?**

A—If your clinical site is near a WesternU campus, then the answer is no. It must be read at WesternU and documentation must then be provided to the Student Health Office located on the Pomona campus. However, if your clinical rotation site is not near the campus, you can have the TB skin test read by the Employee/Occupational Health nurse at the clinical facility you are rotating through. The results can be faxed to 909-706-3785 or scanned and emailed to [stu-emphealth@westernu.edu](mailto:stu-emphealth@westernu.edu)

**Q—Can I submit an IGRA (e.g., Quantiferon or T-spot) blood test for TB clearance?**

A—Yes. The test cannot be more than 6 months from your first day of matriculation. This test is valid at the university for 4 years. However, you are still required to submit a completed TB Symptoms Health Screening form on a yearly basis.

**Q—Do I only have to complete a TB clearance on a yearly basis?**

A—Not necessarily. Some clinical rotations sites have more stringent TB clearance requirements that you must comply with in order for you to be permitted to go to that site.

**Q—Do I need to get a PPD if I have a history of a positive PPD?**

A—No. You are required to obtain a chest x-ray (x-ray cannot be more than 6 months old from the time of your submitting your health clearance forms) and complete the TB symptoms checklist included in this packet. We do not need the actual chest x-ray film, we only need the radiologist's written report.

***Q—I am healthy. Why should I be required to show that I have been immunized?***

**A—**As members of the WesternU community, it is very important for all of us to be free from communicable diseases that can threaten those around us. Many of these diseases are preventable with appropriate vaccination. Also, in order for you to participate in your required clinical rotations, you must be able to show proof that you are not at risk for contracting a vaccine preventable communicable disease.

***Q—If I received my second Hepatitis B vaccine later than recommended after the first vaccine, how soon after getting the second Hepatitis B vaccine can I receive the third and final Hepatitis B vaccine?***

**A—**If you had the 2<sup>nd</sup> vaccine several months after the first one, you can receive your 3<sup>rd</sup> and final Hepatitis B vaccine 60-days after the 2<sup>nd</sup> vaccine. A serum blood titer is still required 30-days after vaccine number three.

***Q—If I have completed 2 full Hepatitis B series (1 series consists of 3 vaccines) and my titer is still showing I do not have immunity, do I need to receive another series?***

**A—**No, because most likely you are a non-converter, however, you will need to provide us with the documentation showing that you have completed 2 entire Hepatitis B vaccination series and a current Hepatitis B Surface Ab, QN titer.

### Titers

***Q—What titers should I ask my physician/healthcare provider to order?***

**A—**Hepatitis B, Surf AB QN; Measles AB IgG, EIA; Rubella Antibodies, IgG; Mumps Antibodies, IgG; Varicella IgG AB.

**NOTE:** the Hepatitis B titer results *MUST* be Quantitative and include the references ranges or we will not accept the test results.

***Q—What should I do if the blood titers show I am not immune to the vaccine preventable disease(s)?***

**A—**Unless you have a documented medical condition that contraindicates the administration of the vaccine(s), you may be required to be vaccinated/revaccinated for those diseases that you have no immunity against.

***Q—When is a rabies titer needed?***

If you are a veterinary medicine student who has already completed the rabies vaccination series more than 2 years ago (3 vaccines), you are required to have a rabies titer and submit the titer results along with the dates you received each of the rabies vaccine. In accordance with the Centers for Disease Control and Prevention (CDC), the recommended serum blood test for rabies is called rapid fluorescent focus inhibition test (RFFIT). *No other rabies testing results will be accepted.*

(CDC Rabies information: [http://cdc.gov/rabies/specific\\_groups/doctors/serology.html](http://cdc.gov/rabies/specific_groups/doctors/serology.html))

### General Questions

***Q—What would happen to me if I don't complete the health clearance requirements?***

**A—**Every incoming student, whether new to WesternU, repeating or returning from a leave of absence, is required to comply with all health clearance requirements. If you do not complete these requirements, a registration hold will be placed, or in extreme cases, your acceptance to attend WesternU may be rescinded.

***Q—I am going to be returning to WesternU after being on a leave of absence for more than 6 months. Do I have to do the entire health clearance process?***

**A—**If you have already submitted serum titers (as described/required in the health clearance packet) and immunizations records, then all you will need to submit is an updated medical history, physical exam, and TB clearance.

***Q—If my healthcare provider writes a note stating I have had a communicable disease, is this acceptable?***

**A—**No. Documentation of select communicable diseases that were “physician diagnosed” and not confirmed through blood tests, are no longer accepted as evidence of immunity. Because of this, the required vaccine preventable diseases that have blood tests to determine if immunity exists or not (referred to as titers), are required for hepatitis B, measles, mumps, rubella, and varicella.

***Q—If I have had the Hepatitis B disease and my physician states I do not need to have the Hepatitis B vaccination series, what should I ask my physician to include in the health records and documents sent back to Western University?***

**A—**Have your physician provide the lab test results that confirm a prior Hepatitis B diagnosis (see form D for the additional required serum titers) and include a note about the status of your Hepatitis B disease [for example, “continue to monitor viral loads every 6 months”] on the History and Physical examination form your physician completes. (This would also apply to those persons who have a “native immunity” to Hepatitis B.)

***Q—What if I have a health condition that is a contraindication to receiving a particular vaccination?***

**A—**A letter from your healthcare provider attesting to this contraindication will be acceptable. However, if your current health status is such that a particular immunization is temporarily contraindicated, you will still be responsible for obtaining that immunization as soon as your health issue has resolved and prior to starting any clinical rotation.

***Q—What if my religious beliefs do not allow me to be immunized?***

**A—**There are no religious exemption from the University immunization requirements. One should explore with his/her healthcare provider for the availability of vaccine formulations that do not involve the use of blood or select animal products, or document immunity as a result of prior infection. The University's commitment to minimize the potential harm to you and any patients or colleagues that you may encounter in your future career is of paramount concern to the university. Only a legitimate medical contraindication to vaccination will exempt a student from the University's immunization requirements.

***Q—Can I participate in clinical rotations if I am still updating/completing the required vaccines and TB clearance?***

**A—**In order for you to be able to start your clinical rotations you must have had at least 2 doses of Hepatitis B vaccine, completed the MMR and varicella series, have a current Tdap vaccine, as well as have a current TB clearance and the current influenza vaccination. You must provide proof that you have completed all of the communicable disease clearance requirements or you will be removed from clinical rotations; will not be allowed to register for the next semester; and if you receive financial aid, you will not receive your funds until these requirements have been fulfilled.

***Q—If I am pregnant can I be vaccinated safely?***

**A—**Some vaccines can be administered safely during pregnancy. However, it is recommended that you consult with your obstetrician prior to receiving any vaccines.

***Q—If I am pregnant, can I participate in my clinical rotations without having completed the required vaccinations?***

**A—**A pregnant student can receive a temporary medical exemption and still participate in some clinical rotations. However, it is strongly recommended that you work closely with your faculty advisor to determine if it is permitted by the clinical site you would be going to as well as your obstetrician.

***Q—How long will it take to process my health clearance forms?***

**A—**You will need to allow at least 5 business days from the date we receive **ALL** of your required health clearance forms. If you have not received a confirmation email from the Student Health Office by the end of the 5<sup>th</sup> business day, you should contact us. Note: all forms are processed on a first come, first served basis.

***Q—When is the deadline for submission of all my health clearance forms/documents?***

**A—**Please refer to your college's catalogue or acceptance letter you received for this information.



<p>Pomona Medical Center <b>795 E. Second Street, Suite 5</b> <b>Pomona, CA 91766-2007</b> 909-865-2565</p> <p>Services Provided:</p> <ul style="list-style-type: none"> <li>▪ Physical Examinations</li> <li>▪ Serum blood titers</li> <li>▪ Chest X-ray</li> </ul> <p><b><u>Appointment Required</u></b> Monday-Friday 8am to 5pm</p>	<p>Pomona Pharmacy <b>795 E. Second Street, Suite 1</b> <b>Pomona, CA 91766-2007</b> 909-706-3730</p> <p>Services Provided:</p> <ul style="list-style-type: none"> <li>▪ Vaccinations</li> <li>▪ TB skin test</li> </ul> <p><b><u>Walk in, no appointment required</u></b> Monday-Friday 8am to 4pm</p>	<p>Rancho Cucamonga Medical Center <b>8686 Haven Ave, Suite 200</b> <b>Rancho Cucamonga, CA 91730-9110</b> 909-706-3950</p> <p>Services Provided:</p> <ul style="list-style-type: none"> <li>▪ Physical Examinations</li> <li>▪ Serum blood titers</li> </ul> <p><b><u>Appointment Required</u></b> Monday-Friday 8am to 5pm</p>
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Most Health Insurance Plans are accepted. Physical exam fees are dependent upon medical needs as determined by the health care provider. A 20% discount is offered should you pay for the entire visit at the time of service.

Immunizations	Cost per Vaccine from PCC Pharmacy	Chest X-ray: \$57.00 Pomona Valley Hospital Medical Center, Department of Radiology has a location on the 2nd Floor of PCC in Pomona
Hepatitis B	\$90.00	NOTE: For cash/credit card payments no radiology reading fee. If billed to insurance there is a radiology reading fee for a total of \$740.00 that you will be responsible for ensuring it has been paid.
Influenza	\$30.00	
MMR	\$98.00	
PPD-TB skin test	\$25.00	
Tdap	\$69.00	
Varicella	\$132.00	

**Veterinary Students Only** Rabies Vaccine \$363.00 per vaccine received (price subject to change without notice)

Charges for serum titers if the blood is collected at the PCC Medical Center in Pomona.

Titers	Cost if sent to Lab Corp	NOTE: If you chose to have your labs drawn at a facility other than the PCC, and you do not want to go to your healthcare provider's office, you must obtain the lab order from the Student Health Office BEFORE going to an outside lab for your blood draw.
Hepatitis B Sur AB QN	\$75.25	
Rubeola AB IgG, EIA	\$22.25	
Rubella Antibodies, IgG	\$11.00	
Mumps Antibodies, IgG	\$19.25	
Varicella IgG AB	\$21.75	

**There will be a fee of \$10.00 charged for the phlebotomy (blood draw process)**

**Please note all prices listed may change without any notice.  
For current pricing, contact the center at the numbers listed above.**