Dear Student:

A complete health history and physical examination is required **prior to registration** at Western University of Health Sciences (WesternU). After you have completed your physical examination, please forward all of the attached forms that have been completed and signed as indicated by your healthcare provider and/or yourself to the address below. Every student must provide proof of current immunity through serum blood titers to the following communicable diseases: measles, mumps, rubella, varicella, and Hepatitis B. Your healthcare provider must indicate if you are current with your vaccination for tetanus/diphtheria/pertussis (Tdap) and that you have received tuberculosis clearance (**this TB clearance must be valid throughout the entire academic year**). See next page for detailed information related to communicable disease clearance, including the type of titers your healthcare provider should order. You must also provide clear and legible copies of your immunization (aka, vaccination, shot or childhood disease records).

Any additional pertinent information specific to your health history would be appreciated. Please note that all information provided will be handled in compliance with HIPAA/HITECH regulations related to protected health information.

**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/titer results & Tuberculosis (TB) clearance (Form D—2 pages—your healthcare provider must sign this form)
   a. If you require a chest x-ray, you must also complete and include the TB Symptoms Health Clearance Checklist.
5. Authorization for release of communicable disease clearance information to clinical rotation sites (1 page and you must have signed this form)
6. Immunization records (Copies preferred)
7. Laboratory (serum blood titer) results

**RETURN ALL COMPLETED FORMS (via mail, fax or email) NO LATER THAN JUNE 1ST TO:**

Western University of Health Sciences
Student-Employee Health
795 E Second Street, Room 2000
Pomona, CA 91766-2007
Email: stu-emphealth@westernu.edu
Or
Fax to 909-706-3785

Thank you for your cooperation.
We look forward to seeing you in the fall.
Immunization, Health History and Physical Examination Information

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 show you are immune status against measles, mumps, rubella, varicella and Hepatitis B. Immunization records alone will not be accepted for these diseases. You must submit serum titer results 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
      2. Measles AB IGG, EIA
      3. Rubella Antibodies, IgG
      4. Mumps Antibodies, IgG
      5. Varicella IgG AB
      6. Rabies titer (applies to Veterinary Medicine students only): must be a Rapid Fluorescent Focus Inhibition Test (known as a RFFIT) and ONLY if they have previously received the rabies vaccine. 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 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 health issue is resolved. You will not be cleared to start any clinical rotations without this clearance.
   c. If your current health status is such that a particular immunization is temporarily contraindicated, a signed letter from your licensed physician attesting to this temporary medical contraindication will be acceptable. However, you will still be responsible for obtaining the immunization clearance as soon as your health problem 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 not be allowed to register for your second semester classes until you can show proof that you have completed the entire Hepatitis B vaccination series, including the serum blood titer that must be run 30-days after your 3rd and final Hepatitis B vaccination.

4. **Tetanus/Diphtheria/Acellular Pertussis (Tdap) booster:** we require one documented Tdap booster after the age of 19 years. A shot record is required for this vaccination. Your physician can provide this information at the end of your Physical Examination form.

5. **Tuberculosis (TB) clearance:** must last throughout the entire academic year. NOTE: If you need to have the 2-step PPD skin test, they must be at least 14 days apart or they will not be accepted. If you are on the Pomona campus, you can obtain your 2nd-PPD skin test during the first week of classes at the Patient Care Center Pharmacy on the east end of campus. This will ensure that your TB clearance will last throughout your entire academic year. Your healthcare provider can provide this information on page 2 of the Physical Examination form (forms C and D). The only acceptable TB clearance is one of the following:
   a. **Tuberculin Skin Test (TST):** TST 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.
   b. **Blood test (Interferon Gold RA [IGRA]):** Applies ONLY to COMP-Northwest (Lebanon, OR) students: IGRA reports must indicate qualitative results as outlined by the CDC (2010 update; MMWR). Oregon students have the option of this test (IGRA) or the TST. The form must be dated and signed by a licensed healthcare provider.
   c. **Prior history of latent tuberculosis infection (LTBI) as determined through a tuberculin skin test (TST) or a blood test (IGRA):** a licensed healthcare provider must provide a signed, written report that shows you do not have active TB. If you were treated with medication for LTBI, the name, dosage, and duration of its administration must also be included in the report from your healthcare provider. If a chest x-ray was required for clearance, a copy of the actual radiology report and a completed TB Symptoms Health Screening checklist must accompany
your health documents. Please note that the chest x-ray cannot have been taken more than 6-months prior to matriculation (your first day of classes).

d. **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. If your treatment is still in process, the report must state when it is expected to be completed. Additionally, a chest x-ray is required for admissions clearance. You must provide a copy of the actual report and it cannot be more than 6-months old if: 1) you have completed the treatment or, 2) from the day you start class.

e. **History of BCG vaccination:** prior BCG vaccination is NOT a contraindication to either TST 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:** all students must receive the annual seasonal influenza vaccination. The University provides a low cost Influenza Immunization clinic at the start of each influenza season (usually in October of each year). Documentation of receipt of this vaccination is required and must be submitted to the Student-Employee Health Coordinator no later than the second week of December for each year you are a student at WesternU.

**Veterinary Students**

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 undergo rabies vaccination as part of the University matriculation process.
   a. A pre-exposure series involves the administration of three (3) intramuscular doses of the vaccine given on days 0, 7 and 21 or 28.
   b. You can begin receiving your rabies vaccination series during orientation week on campus at the Patient Care Center Pharmacy. A fee is charged for each vaccine you have to receive (refer to Fee Schedule for more information).
   c. Students who have previously received the 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 must be done two years after completing rabies vaccines. The titer results must also be included in the documentation you will be sending in.

**KEY POINTS**

**NOTE:** If any of the above requirements specifically states the document must be signed by a licensed physician, *those documents will not be accepted* if signed by a non-physician healthcare provider, e.g., NP, PA, RN, LVN/LPN.

All of the forms included in this letter must be legible, completed and submitted by the deadline date of June 1st. No other forms can be used or accepted.

All records/documents submitted must be either originals or clean and clear copies. Your name, WesternU Student ID #, the college/program in which you are enrolled, and your anticipated graduation year must be clearly written on each document.

Failure to comply with any of these requirements may result in the delay of your registration for classes, or in extreme cases, withdrawal of our offer of acceptance.

**NOTE:** There may be additional health clearance requirements for your individual college. Please review all documents carefully to ensure you have complied, otherwise, your registration may be held until all documents have been received.

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/Employee Health Coordinator at 909-706-3870 or email at stu-emphealth@westernu.edu

**NOTE:** We recommend that you bring this letter and Forms A-D with you when you see your physician/healthcare provider.