



Immunization, Health History and Physical Examination Information

Dear Student:

A complete health history, physical examination, serum blood titers, Tuberculosis clearance, immunization records (since childhood), COVID-19 vaccination record, a Tdap vaccine and completion of all the attached forms is required **prior to registration** at Western University of Health Sciences (WesternU).

WesternU requires initial vaccination(s) and 1st booster against COVID-19. Please provide a copy of the shot records in your health packet. If you want to know more about COVID-19 vaccinations, please visit <https://www.westernu.edu/health/covid-19/vaccine-policy/>, or discuss it with your healthcare provider or pharmacist.

NOTE:

The completed health clearance packet is due **no later than 30 days before class registration opens** (please visit <https://www.westernu.edu/registrar/registrar-about/registration-information/> to check your registration dates).

Please note that it will take at least 10-business days to process your documents and to release the hold that would prevent you from registering for your classes.

All documents are processed on a first-come-first-served basis.

You only need to contact the Student Health Office (SHO) if you have not received an email or phone call from us 10 business days or more after you have submitted all your health clearance documents.

Scan and Email Completed Health Packet in PDF format to:

stu-emphealth@westernu.edu

(SHO does not have a portal)

For questions, please email us at the above email address or call 909-706-3830.

HEALTH CLEARANCE “TO DO” LIST

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

1st appointment with your Healthcare Provider (can only be one of the following: MD/DO/NP/PA):

- Physical Examination (Form C1-C2): make sure form is filled out and signed by your Healthcare provider.
- Order the following serum blood titers (any quantitative result must have reference ranges to be accepted)

NOTE: only a QUANTITATIVE result will be accepted

Hepatitis B (**HbsAb, QN**)

Can be either Qualitative or Quantitative

[if QN, must include reference range numbers]

Varicella (**Varicella AB, IgG**), Measles (**Measles AB, IgG, EIA**) Mumps (**Mumps AB, IgG**), Rubella (**MMR AB, IgG**)

- A Tdap vaccine obtained within the last 10 years. A TD or Dtap will **not be accepted**.
- Obtain/complete COVID-19 vaccination
- Tuberculosis Clearance must be **one** of the following:
 - **1st TB skin test** administered (must be read after 48 to 72 hours after administration).
 - **IGRA blood test** [preferred if you have had a BCG vaccine in the past], e.g., Quantiferon or T-spot Test (**valid at WesternU for 4 years**).
 - **Chest x-ray**: required **only** if you have history of positive TB skin test or if your IGRA test is positive.

2nd appointment with your Healthcare Provider:

- Review titer results and obtain copy of **all actual lab results and, if performed, Chest X-ray report**.
- Receive immunizations, if indicated, and provide documentation of administration.
- Tuberculosis Clearance:
 - **TB skin test**: results are read and must be a number, e.g., 0 mm, 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. Please provide documentation of positive skin test or IGRA test results along with the report for the chest x-ray.
- Obtain copies of **all** your immunization records since childhood from your healthcare provider’s office, high school, or previous university.
 - ❖ **All records/documents submitted must be either originals or clean, legible, and clear copies. They must be formatted as PDF copy attachment, and not shareable files (we do not accept SharePoint/Google Drive files).**
 - ❖ **Send all your documents at one time via email**
 - ❖ **Do not send your forms a few pages at a time as they can be misplaced.**
 - ❖ **Do not depend on your healthcare provider’s office sending all your forms to us.**



Form A: Student Information

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

Name _____
Last First Middle

Date of Birth _____

WesternU Student ID# @ _____ Anticipated Year of Graduation: 20 _____

Program (circle the college you will be entering) :

- COMP CA (California) College of Health Sciences: PA College of Optometry
- COMP NW (Oregon) College of Health Sciences: PT CA (California) College of Pharmacy
- College of Dentistry College of Health Sciences: PT NW (Oregon) Int'l Pharmacy (PIP)
- Int'l Dental Program (IDP) College of Health Sciences: MSMS College of Podiatric Medicine
- College of Graduate Nursing College of Health Sciences: OTD Int'l Podiatric Medicine (IPM)
- College of Veterinary Medicine

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 |
| EYES | Recent constipation | Lymphoma |
| Eye trouble | Frequent diarrhea | Other |
| Wear glasses | Digestive disorder | |
| Wear Contact Lenses | Difficulty swallowing | MENTAL HEALTH |
| EARS/NOSE/THROAT | 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 |
| ENDOCRINE | Black bowel movements | Feelings of loneliness |
| Hypothyroid | Vomiting blood | Considerable nervousness |
| Hyperthyroid | Intestinal inflammation | Difficulty sleeping |
| Diabetes mellitus | Gall bladder disease | Considered suicide |
| CHEST/HEART/LUNGS/VASCULAR | Hepatitis | Lose temper often |
| Breast disease or masses | GENITOURINARY | Require use of sleeping aids |
| Chest pain/pressure | Urine contains (circle): Blood Albumin Sugar | Other |
| Heart disease/murmur | Kidney disease | ADDITIONAL MEDICAL HISTORY |
| 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 | FEMALES ONLY | Other |
| Pleurisy | Abnormal pap smear | SURGICAL HISTORY |
| Wheezing | Ovarian cysts | Appendectomy |
| Shortness of breath | Pelvic inflammatory disease (PID) | Gall bladder |
| Coughing up blood | Pregnancy: G P | Pelvic surgery |
| INFECTIOUS DISEASE | Painful menses (dysmenorrhea) | Cesarean section |
| Ambiasis | Fibrocystic disease | Tonsillectomy |
| Chicken pox | Other | Other |
| Coccidiomycosis (Valley Fever) | | |
| Encephalitis | | |
| Hepatitis | | |
| Histoplasmosis | MUSCULOSKELETAL | SOCIAL HISTORY |
| Intestinal Parasitic infection | Arthritis | Smoke tobacco |
| Malaria | Chronic muscle pain | Alcohol use |
| Measles | Spine problem, e.g., disc or vertebrae | Other |
| Meningitis | Swollen of painful joints/extremities | |
| Mononucleosis | Bone infection | |
| Mumps | Amputation | |
| Prior BCG vaccine | | |
| Prior positive PPD | | |
| Rheumatic fever | NEUROLOGICAL | |
| Rubella | Speech defect | |
| Scarlet fever | Cluster headache | |
| Sexually transmitted disease | Migraine headaches | |
| Tuberculosis | Paralysis, tremors, muscle weakness | |
| | Neuralgia or numbness | |
| | Seizures | |

Please explain any areas that you checked or



Form C-1: Physical Examination

This section to be completed by the DO, MD, NP, or PA only.

Name: _____

WesternU Student ID#: _____

Date of Exam: _____

Ht: _____

Wt: _____

BP: ___/___

Pulse: ___

Resp: ___

Vision: R ___/ 20 L ___/ 20

Corrected / Uncorrected (circle)

| | Detailed Description of ABNORMAL Findings |
|--|--|
| GENERAL: Posture, gait, speech, appearance | |
| HEAD: Hair, symmetry, tenderness | |
| EYES: Lids, sclera, conjunctiva, muscles, cornea, pupils, fundi, peripheral fields | |
| EARS: Pinna, canal, drum, hearing | |
| NOSE: Septum, obstruction, mucosa | |
| MOUTH/THROAT: Breath, lips, teeth, tongue, mucosa, pharynx, tonsils | |
| NECK: Thyroid, motion, trachea, veins | |
| LYMPHATICS: Cervical, supraclavicular, axillary, inguinal | |
| CHEST/LUNGS: Symmetric, percussion, excursion, breath sounds | |
| CARDIOVASCULAR: PMI, Rate, Rhythm, Sound, Murmur, Neck Bruits, upper ext. pulses, lower ext. pulses, leg veins, edema, abdominal bruit | |
| ABDOMEN: Tenderness, organs, hernia, masses, sounds, scars | |
| MUSCULOSKELETAL: Back, upper extremities, lower extremities | |
| SKIN: Birthmarks, rashes, scars, texture | |
| NEUROLOGIC: DTRs: Biceps, Triceps, Patella, Ankle, Romberg, Babinski, Cranial Nerves, sensory, coordination, tremor, vibratory | |
| MENTALSTATUS: 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 you will begin classes.



Form C-2: Physical Examination

This section to be completed by a DO, MD, NP, or PA

Name _____ WesternU Student ID#: _____
Last First Middle

Other Findings: _____

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

Are there any recommendations for continued medical care/follow up? No _____ Yes _____ If yes, please explain: _____

Tdap vaccination (tetanus/diphtheria/acellular pertussis) date : _____

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

Immunization records

Student must submit immunization records beginning in childhood and COVID-19 vaccination card.

| |
|--|
| <p>Healthcare provider name (printed/stamped): _____</p> <p>Signature: _____ Date: _____</p> <p>Address of Healthcare provider: _____</p> <p>Phone number (please include country code if outside of USA): _____</p> |
|--|

Tuberculosis Clearance

1. **No history** of positive TB skin test or IGRA must submit one of the following:

- **TB PPD skin test.** If you have not had 2 separate TB (PPD) skin tests completed within the past year, then 2 separate TB (PPD) skin tests at least 10 days apart from the 1st PPD being administered is required.

Date 1st PPD Placed: _____ Date 1st PPD Read: _____

Results of 1st PPD: _____ Nurse Signature _____

Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Date 2nd PPD Placed: _____ Date 2nd PPD Read: _____

Results of 1st PPD: _____ Nurse Signature _____

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) Date: _____ this is the preferred test if history of receiving BCG vaccine.** *Must not be more than 6 months* from the first day of matriculation. *Must submit IGRA lab. results and a completed TB Symptoms Health Screening checklist.* (Note: **This test is valid for 4 years at WesternU**)

2. **Positive history** of TB skin test and/or IGRA must submit:

Chest x-ray/radiology Date: _____ **must not be more than 6 months from the first day of matriculation.** *Must submit Radiology report, complete TB Symptoms Health Screening checklist, and provide documentation of previous positive TB skin test and/or IGRA results.* (Note: **This test is valid for 4 years at WesternU**)



Name _____ WesternU Student ID#: _____

1. Hepatitis B Surf Ab, Quantitative QN] Only a *QUANTITATIVE* titer result will be accepted.

- Titer immune—no additional vaccine necessary
- Titer non-immune/low immunity—If you **only** completed the 1st Hep B vaccine series, then you are required to restart the 2nd series.

****NOTE:** If you need to be revaccinated, you can go ahead and submit your documents as soon as you have received the 1st Hepatitis B vaccine. If you have received two complete Hepatitis B series 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, Mumps and Rubella (MMR)

a. Measles (Rubeola) AB, IgG, EIA

b. Mumps Antibodies, IgG

c. Rubella Antibodies, IgG

- Titer positive/reactive—no additional vaccine necessary.
- Titer negative/non-reactive/inconclusive/equivocal, and you **have** a documentation showing you received 2 MMR vaccines—**1 MMR vaccine is recommended.**
- Titer negative/non-reactive/inconclusive/equivocal, and you **have** a documentation showing you only received 1 MMR vaccine—**1 MMR vaccine is required.**
- Titer negative/non-reactive/inconclusive/equivocal, and you **do not** have a documentation showing you received 2 MMR vaccines—**2 MMR vaccines required at least 30 days apart.**

3. Varicella IgG AB

- Titer positive/reactive—no additional vaccine necessary.
- Titer negative/non-reactive/inconclusive/equivocal, and you **have** a documentation showing you received 2 Varicella vaccines—**1 Varicella vaccine is recommended.**
- Titer negative/non-reactive/inconclusive/equivocal, and you **have** a documentation showing you received 1 Varicella vaccine—**1 Varicella vaccine is required.**
- Titer negative/non-reactive/inconclusive/equivocal, and you **do not** have a documentation showing you received 2 Varicella vaccines—**2 Varicella vaccines required at least 30 days apart.**

- ❖ **Serum blood titers are NOT the same as vaccinations/immunizations.**
- ❖ **You must submit the actual laboratory reports for the above serum blood titers. Please ensure that reference range are indicated on the quantitative results.**
- ❖ **Make sure to submit all vaccinations/immunizations records.**
- ❖ **Serum blood titers cannot be more than 1 year-old from the start of matriculation.**



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.

COMP-CA COMP-OR Dental MSMS Nursing Optometry PT-CA PT-OR OTD PA Pharm Podiatry Vet Med

Student/Employee ID @ _____

Grad. Year: 20 _____

| | |
|----------------|--------|
| Name | DOB |
| Address | Phone: |
| City/State/Zip | |

Date of last PPD _____ PPD Results _____ MM

Date of IGRA (e.g., Quantiferon/T-Spot) test: _____ Results): Negative Positive

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. Have you ever had BCG Vaccination? Yes No If yes, when? _____
 (If you have had the BCG vaccination, it is preferred that you obtain an IGRA [e.g., Quantiferon or T-spot test])

5. During the past year have you noticed (circle your answer):

- Yes No 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?

Explain any "Yes" answers above: _____

List any on-going medical problem _____

Signature of Person Completing this form **Date**

o 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



Annual Health Requirements Attestation

I, _____ WesternU ID#: @ _____ understand that:
(Printed Name of Student)

Tuberculosis Clearance

It is my responsibility to remember to renew my Tuberculosis clearance each year before it will expire.

- If my PPD skin test does expire, I know I will be required to complete 2 separate PPD skin tests, 10-days apart 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 IGRA serum blood test, I must complete a TB symptoms checklist and submit it to the Student Health Office on a yearly basis.

Annual Influenza Vaccination

I must obtain and submit proof of receiving the yearly Influenza vaccination **no later than November 30th 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 healthcare provider's dated and signed note attesting to this fact must be provided to the Student Health Office before the date noted above.

Hold Placed on Student Account

I am aware **I will not** be notified of a hold placed on my student 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.
- I understand that this means **I will not** be able to register for classes or obtain financial aid until the hold is cleared.

By signing this attestation, I certify that I am fully aware of these health clearance requirements and agree to comply with same.

Student Signature: _____ **Date:** _____



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

I, _____, WesternU ID#: @_____ hereby authorize:
(Printed Name of Student)

**Western University of Health Sciences
Student Health Office
100 W. Second St, 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) that I am or will be assigned to as a student of WesternU and any additional health clearance requirements that a clinical rotation site may require. 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. 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 WesternU 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.

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.

Student Signature _____ **Date** _____



100 W. Second Street, Room 219
Pomona, CA 91766-1700
Tel: (909) 706-3830 • Fax: (909) 706-3785

AUTHORIZATION FOR RELEASE OF STUDENT HEALTH CLEARANCE DOCUMENTS

College (please circle the college you will be entering) :

- COMP CA (California) College of Health Sciences: PA College of Optometry
- COMP NW (Oregon) College of Health Sciences: PT CA (California) College of Pharmacy
- College of Dentistry College of Health Sciences: PT NW (Oregon) Int'l Pharmacy (PIP)
- Int'l Dental Program (IDP) College of Health Sciences: MSMS College of Podiatric Medicine
- College of Graduate Nursing College of Health Sciences: OTD Int'l Podiatric Medicine (IPM)
- College of Veterinary Medicine

Student ID # @ _____ Grad Year 20 _____

| | |
|----------------|-------|
| Name | DOB |
| 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.

Student 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.

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).
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. Rabies titer (*applies to Veterinary Medicine students only*): must be a Rapid Fluorescent Focus Inhibition Test (known as a RFFIT) and ONLY if the Rabies vaccine series were received/completed prior to enrolling for fall semester classes. Please note the RFFIT is the only rabies titer we will accept. This titer is due no later than September 30th of the current year.
 - 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, 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 remaining vaccine(s) as soon as they are due. You must also provide a Hepatitis B Surf AB QN titer, that was drawn at least 30-days after your last Hepatitis B 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. **COVID-19 vaccination:** you must provide proof of receiving/completing the initial vaccination series and booster. Medical exemption, religious exception and pregnancy deferrals will be considered.
6. **Tuberculosis (TB) clearance:** **YEARLY REQUIREMENT** NOTE: If you need to have the 2-step (meaning 2 separate) PPD skin test, they **must be at least 10 days apart or they will not be accepted. 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 starting classes 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. This test is preferred if you have a history of having received a BCG vaccine.
 - 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 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 start of your classes.

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. IGRA test is preferred if you have received a BCG vaccine in the past. 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*.

7. **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 30th each year or a hold will be placed on your account**. If you have a medical contraindication to receiving the yearly influenza vaccine, a note from your healthcare provider on their letterhead, that is also signed/dated is required. An email “letter” or “note” is not accepted.

Veterinary Students ONLY

8. **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 30th of the current year.
- a. A pre-exposure series involves the administration of two (2) intramuscular doses of the vaccine given on days 0 and 7.
 - b. You can begin receiving your rabies vaccination series now or during orientation week on campus at the WesternU Health Pharmacy. A fee is charged for each of the vaccines you have to receive. For pricing, please call 909-706-3730.
 - c. 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 2 rabies vaccines. The serum RFFIT titer (which measures level of immunity to rabies) must be done if the two (2) vaccines were received/completed prior to enrolling for fall semester classes. The titer results is due no later than September 30th of the current year.

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, legible, and clear copies. They must be formatted as PDF copy attachment, and not shareable files (we do not accept SharePoint/Google Drive files). Wrong format documents will be sent back to you.

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

If you have any additional question regarding the health clearance requirements, you may direct them to the Student Health Office at stu-emphealth@westernu.edu or call us at 909-706-3830.



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. (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 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 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 the first shot of the Hepatitis B vaccine series, but you have not received the rest of the vaccine, your healthcare provider can determine what else may be needed. 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 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 1st 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 2nd PPD must be administered at least 10-days from the 1st 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. 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

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

A—Yes, if you do not have a history of a positive Tb skin test. 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 Checklist form on a yearly basis.

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

A—Yes. Be aware that 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 your first day of starting classes at WesternU) and complete the TB Symptoms Health Screening 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 (Engerix-B or Recombivax) 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 2nd vaccine several months after the first one, you can receive your 3rd and final Hepatitis B vaccine 60-days after the 2nd vaccine. A serum blood titer is still required 30-days after vaccine number three.

Q—If I have completed 2 full Hepatitis B series and my titer is still showing I do not have immunity, do I need to complete 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.

Q—What is WesternU's policy on COVID-19 vaccinations?

A—Please go to <https://www.westernu.edu/media/health/pdfs/covid-19-vaccination-program-policy.pdf> for current information

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. Please refer to Form D.

Q—When is a rabies titer needed?

If you are a veterinary medicine student who has already completed the rabies vaccination series (2 vaccines) prior to enrolling to fall semester classes, 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)

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. Additionally, if your serum titers are more than 4 years old, you will need to have them repeated.



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—Other than COVID-19 vaccines, 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 be up to date on all your required vaccinations, TB clearance and serum blood titers. 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 10 (ten) 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 10th business day, you should contact us. Note: all forms are processed on a first come, first served basis only.

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

A—The completed health clearance packet is due no later than 30 days before class registration open. Please visit <https://www.westernu.edu/registrar/registrar-about/registration-information/> to check your registration dates.

Q—Once I have submitted all health clearance documents, will I have to do any other communicable disease tests, receive more immunizations or obtain a physical exam?

A—You are required to obtain a yearly influenza vaccination and complete annual TB clearance and submit the documents to SHO. **Additional tests, vaccines and physical exams may be required for a clinical rotation site.** It is your responsibility to confirm what is needed to clear you to rotate any site. Please provide copies of any additional health clearance document to the Student Health Office.



Q—If I am feeling overwhelmed or my stress level is increasing, is there some place on campus where can I get help?

A—We have a department referred to as [LEAD](#). They specialize in six main topics that support students through their academic journey here at WesternU. These areas include a) one-on-one academic counseling, b) tutoring, c) the annual Summer Preparedness and Readiness Course (SPaRC), d) the Wellbeing Initiative, e) LEAD CALM – Mindfulness Meditation Training & Practice, and f) various workshops relevant to student life. All LEAD services are free of charge to the WesternU community, and all services are completely confidential.

If you need access to emergency student resources, call one of the following 24/7 hotlines:

- **Optum counseling** number is 800-234-5465
- **Sexual assault** hotline is 909-626-4357
- **Suicide prevention** hotline is 988 or go to [Behavioral Health Assistance Programs](#) for more information.



Services available on the Pomona Campus

| | | | |
|---|--|---|---|
| <p>WesternU Health: Medical Center* 795 E. Second Street, Suite 5 Pomona, CA 91766-2007 909-865-2565</p> | | <p>WesternU Health Pharmacy 795 E. Second Street, Suite 1 Pomona, CA 91766-2007 909-706-3730</p> | |
| <p>Services Provided</p> <ul style="list-style-type: none"> ▪ Physical Examinations ▪ Serum blood titers | <p><u>Appointment is Required</u></p> <p>Open: Monday-Friday Hours: 8am to 5pm</p> | <p>Services Provided</p> <ul style="list-style-type: none"> • Vaccinations ▪ TB skin test | <p><u>NO appointment required</u></p> <p>Monday-Friday 8am to 430pm</p> |

| Vaccine | Dose | Price |
|--|----------------|-------|
| Hepatitis B Vaccine (Engerix-B) | 0, 1, 6 months | \$90 |
| Hepatitis B Vaccine (Heplisav-B 2 dose) | 0, 1 month | \$130 |
| Measles, Mumps, and Rubella Vaccine | 1 or 2 | \$98 |
| PPD/TB- (Tubersol) | 1 or 2 | \$25 |
| Rabies Vaccine (Rabavert) | 0, 7 days | \$363 |
| Tetanus, Diphtheria, and Acellular Pertussis | 1 | \$69 |
| Influenza Quadrivalent | 1 | \$35 |
| Varicella Virus Vaccine Live (Varivax) | 1 or 2 | \$182 |

Cost of physical examination and serum blood titers depends on your health insurance pricing and deductible. Please contact your health insurance for further information.

NOTE: If you chose to have your labs drawn at a facility other than the WesternU Health Medical Center, 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.

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