



Student Health Service

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http://studenthealth.uiowa.edu

Pre-entrance & Periodic Health Screening Consent Form

<input type="checkbox"/> <input type="checkbox"/> [Patient label goes here] or <input type="checkbox"/>	<input type="checkbox"/> Patient's Name _____ <input type="checkbox"/> Address: _____ <input type="checkbox"/> Student ID# _____ Date of Birth _____ Age _____
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- A. I understand that pre-entrance and periodic health screening evaluations for all students in the health science curriculum are required in order to detect and prevent communicable diseases that may be a threat to patients, health personnel, or students.
- B. I understand that the required health screening evaluations will be on record at the Student Health Service and will include the following:
 - My completed Medical History form, including validated immunization record.
 - A health evaluation (physical) performed within one year prior to my starting classes.
 - Measles, Mumps, Rubella (MMR) – two doses required.
 - First dose must be given after your first birthday and in 1969 or later.
 - Second dose usually given at age 4-6 years or later but at least 28 days after first dose OR
 - Copies of MMR titres that verify immunity to these diseases are acceptable.
 - Tetanus/Diphtheria immunization (valid only if within 10 years).
 - Tuberculin skin test (TST) – (Mantoux 5 TU/PPD) or QFT-G test required pre-entrance and yearly thereafter. The Tine or HEAF tests are not acceptable.
 - Positive reactors are required to be assessed annually.
 - A chest x-ray done within 3 months of starting classes is mandatory for new and previous reactors (unless documentation of INH treatment completion provided).
 - People who receive BCG more than 18 months ago are required to be screened with QFT-G.
 - Hepatitis B immunization series required for all students in the colleges of dentistry, medicine, nursing, pharmacy & public health.
 - The usual regimen of three doses of vaccine must be completed by the second semester of the first year.
 - A hepatitis B antibody titre is required for all students (copy of original lab report required).
 - If the hepatitis B antibody titre is negative – booster(s) must be given according to Hepatitis B Titre Protocol (see back).**
 - Chicken pox (Varicella)
 - Proof of two doses of the vaccine or
 - Having had the disease validated by a healthcare professional.
 - Copy of Varicella titre that verifies immunity to this disease
 - Other special tests if indicated.
 - This consent form
- C. I understand that further periodic evaluations or tests may be required if indicated or if exposure to an infectious patient occurs.
- D. I understand the scope and nature of the evaluation and agree to it. I understand that initial and continued registration for classes is contingent upon completion of evaluations and rotation to patient care areas at The University of Iowa Hospitals and Clinics.
- E. I understand that the health science college or program in which I am enrolled will be informed that I have completed this evaluation and that I am (or am not) free of communicable diseases and am therefore eligible (or not eligible) for patient or patient specimen contact.

Signature	Student I.D. Number	Date
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I'm in the college of: Dentistry Medicine Nursing Pharmacy Public Health Other _____