Health Science Student Requirements Checklist

These requirements are ONLY for students formally accepted into the following academic programs:

- Medicine
- Dentistry
- Pharmacy
- Perfusion
- Physician Assistant
- Physical Therapy
- Radiation Science
- Nursing (you may have additional documentation to submit to your program as well)
- Masters of Clinical Nutrition
- Athletic Training (submit to your coordinator as directed)
- Nurse Midwife
- Speech Pathology (check with your coordinator for timing)

Below is a checklist of all the things you need to complete. These requirements are consistent with the external healthcare sites you will be working with as part of your program, which exist to protect you AND your patients.

**THE HEALTH REQUIREMENTS ARE MORE THAN JUST VACCINE RECORDS, PLEASE REVIEW THE CHECKLIST CLOSELY.**

- Screen shots, print outs, hard copy scans and photos of an official immunization record from your health department, medical records and various health portals (i.e. MyChart, MyUI, etc.) are acceptable documentation.
- Test results require documentation of the lab report indicating results with reference ranges.
- ALL documentation submitted, MUST be in English and have your University ID number and full name; put a post it with this info on the document before scanning or screen before taking a photo as needed.
- Documentation MUST be in either a scanned .pdf format OR photos AS AN ATTACHMENT to your email. DO NOT insert scans or photos into the body of your email when submitting documentation.

Health Requirements can be completed by Student Health at our Westlawn or IMU locations. Call Student Health for an appointment with Nurse Care for Health Requirements (319) 355-8394. Once the Fall & Spring semesters start you can walk in (no appointment needed) at our IMU location G103 of the Iowa Memorial Union. IMU location hours are Monday – Thursday 8:30AM to 4:30PM & Friday 9:30AM – 4:30PM, closed daily 1:00PM-1:30PM. Please note: IGRA’s (Tuberculosis blood test) MUST be drawn prior to 12:30PM. TSTs (Tuberculosis Skin Test) are not placed on Thursdays. Bring your health insurance card to all your Student Health visits.

**Hepatitis B Vaccine Requirement:**

- A completed Hepatitis B vaccine series consists of having had 3 Hepatitis B vaccines infant through adulthood or 2 Heplisav-B vaccines as an adult.
  - Submit documentation of all Hepatitis B Vaccines (COMVAX, ENGERIX-B, HEPLISAV-B, HEXAVALENT, PEDIARIX, PENTAVALENT, PREHRIVOS, RECOMBIVAX-HB, TWINRIX and VAXELIS) you have received.
  - If you have completed a Hepatitis B vaccine series and are unable to provide documentation of having done so, you may meet this requirement with lab result documentation (with reference ranges) of a “reactive” Hepatitis B SURFACE ANTIBODY Titer.

**Hepatitis B SURFACE ANTIBODY Titer Requirement:**

- The Hepatitis B SURFACE ANTIBODY Titer verifies your immunity to Hepatitis B based on your completed Hepatitis B vaccine series.
  - Submit lab result documentation (with reference ranges) of your most recent Hepatitis B SURFACE ANTIBODY Titer (blood test). If you have not had one performed, it should be drawn no sooner than 28 days after the last shot of your most recent Hepatitis B vaccine series.
  - If the result of the Hepatitis B Surface Antibody Titer is “reactive” submit lab result documentation (with reference ranges). The Hepatitis B Health Requirement has been fulfilled.
  - If the result of the titer is anything other than “reactive”, you are not immune to Hepatitis B. You will need to start a second Hepatitis B vaccine series right away (preferably Heplisav-B if possible). Submit documentation of both the titer lab result (with reference ranges) and documentation of your second Hepatitis B vaccine series shots as you receive them.

**Tdap Vaccine Requirement:**

- Be Within 10 years of Your Last Td/Tdap Vaccine WITH a Tdap In Your Past
  - Submit documentation of all Tdap AND Td Vaccines you have received. If it has been more than 10 years since your last Tdap or Td vaccine, you must get a Td or Tdap (recommended, barring an allergy) vaccine now and submit documentation.
  - If you do not have documentation of a Tdap vaccine in your past you must get one now and submit documentation.
  - Vaccine records of DTaP, DT, DTP/DTwP and TT vaccines do not count towards meeting this requirement.
Measles, Mumps & Rubella (MMR) Requirement: Complete A MMR Vaccine Series -OR- Titer Of All 3 Diseases Affirming Immunity

- A completed MMR vaccine series consists of 2 (individual or combined) doses of Measles, Mumps & Rubella vaccines at least 28 days apart.
- If you are unable to provide documentation of 2 MMR vaccine doses, you can provide documentation of positive titer result for each of the 3 diseases. If any of the titers are negative, you will need to complete a 2 dose MMR vaccine series.

Submit documentation of all Measles, Mumps & Rubella Vaccines (individual or combined) you have received.
- Your first dose of vaccine MUST have been given at least 1 year after birth and there MUST be 28 days between doses.

OR

Submit lab result documentation (with reference ranges) of your most recent titer for Measles, Mumps & Rubella diseases.
- If any of the 3 titer results are NOT positive or immune, you are required to complete a 2 dose MMR vaccine series.

Varicella (Chickenpox Disease) Requirement: Complete A Varicella Vaccine Series -OR- Titer Affirming Immunity

- Documentation of having had Chickenpox disease does NOT meet this requirement.
- A completed Varicella vaccine series consists of 2 individual or combined doses of Varicella vaccine at least 28 days apart.
- If you have completed a Varicella vaccine series and are unable to provide documentation, it is safe (barring an allergy) and cheaper to re-vaccinate.
- If you have had Chickenpox disease and are concerned your titer result might not be positive or immune, it is safe (barring an allergy) and cheaper to finish or complete a Varicella vaccine series.

Submit documentation of 2 Varicella Vaccines (MMRV, ProQuad or Varivax).
- There MUST be 28 days between vaccine doses.

OR

Submit lab result documentation (with reference ranges) of a positive or immune Varicella Titer result.
- If the titer is NOT positive or immune, you are required to complete a Varicella vaccine series.

Tuberculosis (TB) Screening Requirement: Sufficient Number Of Negative TSTs -OR- A Negative Tuberculosis Blood Test

- If you received a Bacille Calmette-Guerin (BCG) Vaccine (given as a child) in some countries outside of the United States; you MUST get a Tuberculosis blood test, Tuberculosis Skin Tests (TSTs) will NOT meet this requirement.
- IGRA’s (Tuberculosis blood test) MUST be drawn prior to 12:30PM.
- TSTs (Tuberculosis Skin Test) are NOT placed on Thursdays by Student Health at either Westlawn or IMU locations.

Submit documentation of your 2 or 3 most recent negative Tuberculosis Skin Tests based on the information below:
- If you do not have documentation of having had any TSTs, you need 2 TSTs performed now
- If you have documentation of only 1 negative TST within the last 365 days, you need 1 TST performed now
- If you have documentation of only 1 negative TST over 365 days ago, you need 2 TSTs performed now
- If you have documentation of 2 negative TSTs over 365 days ago, you need 1 TST performed now
- If you have documentation of 2 negative TSTs over 365 days ago, and 1 TST within the past 365 days requirement is met
- If you have documentation of 2 negative TSTs within the last 365 days requirement is met
- Documentation MUST include the following: Date Placed, Date Read, Result and mm Induration with there being at least 7 days between placement dates.

OR

Submit documentation of a lab result report (including reference ranges) of a negative Tuberculosis Blood Test (IGRA, QuantITFERON Gold or T-Spot).
- The Tuberculosis Blood test MUST have been performed in the United State within the past 365 days.

OR

If you have ever had a positive Tuberculosis Skin Test (TST) or positive Tuberculosis Blood Test (IGRA, T-Spot) or been treated for Active or Latent Tuberculosis Infection (LTBI), please print out, complete with a healthcare provider and submit the following: History of Positive TB Screening Result Form with any additional documentation the form requests from you.

Health Screening Form Requirement: As Applicable To Your Program

- At present the “Health Screening Form” is ONLY required by the College of Nursing, College of Pharmacy, Physical Therapy, Nurse Midwife, Perfusion, Physician Assistant & Radiation Science programs. If you are not sure if you need to complete and submit this form, check with your program coordinator.
- Return the completed form to your program NOT Student Health.

If you have any questions feel free to email the same email you submit documentation to: student-imunizations@uiowa.edu

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Health Screening Form

At present, this form is ONLY required by the College of Nursing, College of Pharmacy, Physical Therapy, Nurse Midwife, Perfusion, Physician Assistant & Radiation Science programs. Return the completed form to your program NOT Student Health. Check with your Program Coordinator if unsure as to whether or not you need this form completed and submitted to your program.

Date: ______________
Student Name: ____________________________
University ID Number: _____________________
Date of Birth: Month____ Day ____ Year____

Age: _______ Place Of Birth: ____________________________________________

Are you currently being treated by a health care professional for any condition(s)? List: __________________________

Are you taking any medications regularly or as needed (other than aspirin/Tylenol)? List: __________________________

Medical History

NO YES Contagious skin rashes: ____________________________________________

NO YES Other than at birth, have you ever had hepatitis or other liver disease? List: __________________________

NO YES Do you have any other medical conditions not mentioned above? __________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Student Signature Date

I have screened this patient and found them to be free of communicable illness.

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RN, ARNP, PA, DO or MD Signature Date

Clinic Name, Address & Phone: OR Clinic Stamp:

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If you have any questions feel free to email: student-immunizations@uiowa.edu

Turn This Form In To Your Program Coordinator if your program requires it – NOT STUDENT HEALTH

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