

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) 335-8394. 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:

Complete A Primary Hepatitis B Vaccine Series

- 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, PREHVRIS, 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:

Hepatitis B SURFACE ANTIBODY Titer Affirming Immunity

- 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- Titers 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, QuantiFERON 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-immunizations@uiowa.edu



Student Health

Date: _____

Student Name: _____

University ID Number: _____

Date of Birth: Month ____ Day ____ Year ____

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.

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.

RN, ARNP, PA, DO or MD Signature

Date

Clinic Name, Address & Phone:

OR

Clinic Stamp:

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