IOWA | Student Health

Health Science Student Requirements Form

These requirements are for students starting their first semester of the following academic programs:

Medicine *Nursing* *Dentistry* *Pharmacy* *Physician Assistant*

Physical Therapy *Radiation Science* *EMT/Paramedic*

Athletic Training *(submit to your coordinator as directed)* *Speech Pathology* *(check with your coordinator for timing)*

Use of this form is highly recommended in that it can serve as a good checklist of all the things you need to complete. An official immunization record from your health department and/or medical records are also acceptable ways to send in this information. If you attended the UI as an undergraduate, check your MyUI to make sure we have all needed information. Test/Lab results require submission of the lab/test report indicating results. If you submit this form, it must be signed by your health care provider.

Last Name: _____ **First Name:** _____

Birthdate: _____ **UID #:** _____

MMR (Measles, Mumps, Rubella): *Any combination* of 2 individual/combined vaccines for each disease, at least 28 days between vaccine doses with the 1st vaccine being after age 1; OR lab result report(s) indicating positive antibody titers for MMR (all three diseases)

ANY COMBINATION OF THE FOLLOWING:

MMR or MMRV #1 Date: _____ MMR or MMRV #2 Date: _____

Measles #1 Date: _____ Mumps #1 Date: _____ Rubella #1 Date: _____

Measles #2 Date: _____ Mumps #2 Date: _____ Rubella #2 Date: _____

OR

☐ SUBMIT Positive Measles titer **lab report** ☐ SUBMIT Positive Mumps titer **lab report** ☐ SUBMIT Positive Rubella titer **lab report**

Varicella (Chicken Pox): 2 Varicella vaccines, at least 28 days apart, or lab result report indicating positive antibody titer. If you had varicella disease as a child, you must still have a titer to document immunity if not (2) vaccines.

Varicella or MMRV #1 Date: _____ Varicella or MMRV #2 Date: _____

OR

☐ SUBMIT Positive Varicella titer **lab report**

IOWA | Student Health

Tetanus/diphtheria/pertussis: If record of Tdap in your past, you just need to have documentation of a Td within the past 10 years.
If no record of Tdap in your past, then Tdap vaccine is required.

Tdap Date: _____ Td Date: _____

Hepatitis B: Minimum (3) Hepatitis B Vaccines AND positive Hepatitis B Surface Antibody Titer lab result report. If unable to provide documentation/dates of vaccines, a positive Hepatitis B Surface Antibody Titer alone will meet this requirement. Booster vaccine(s) and repeat titers must follow Student Health timelines/guidelines: https://studenthealth.uiowa.edu/assets/Uploads/Hepatitis-B-Titer-Protocol.pdf. If you are not immune to Hepatitis B after 2 rounds of the Hepatitis B Vaccine Series with titers, please provide documentation from your medical provider. **You are considered to have met this requirement once you have positive titer status or have completed 2 rounds of Hepatitis B vaccinations and still have a negative titer.**

Hepatitis B #1 Date: _____

Hepatitis B #2 Date: _____

Hepatitis B #3 Date: _____ ***AND*** ☐ A positive Hepatitis B Surface Antibody Titer **lab report**

If needed Hepatitis B #4 Date: _____ ***AND*** ☐ A positive Hepatitis B Surface Antibody Titer **lab report**

If needed Hepatitis B #5 Date: _____ ***AND*** ☐ A positive Hepatitis B Surface Antibody Titer **lab report**

If needed Hepatitis B #6 Date: _____ ***AND*** ☐ A positive Hepatitis B Surface Antibody Titer **lab report**

OR

☐ SUBMIT Positive Hepatitis B Surface Antibody Titer **lab report**

OR

☐ Submit medical provider documentation of lack of Hepatitis B immunity (negative or nonreactive titers) after (2) complete Hepatitis B vaccine series

Tuberculosis (TB) Screening: A two-step TB Skin Test (TSTs) or a negative TB blood test - Interferon Gamma Release Assay (IGRA) – QuantiFERON Gold or T-Spot lab result report performed in the United State within the calendar year of your program start. If you have received a Bacille Calmette-Guerin (BCG) Vaccine, given in some foreign countries as a child, you must get a blood test, not a TST. Having documentation of 2 two-step TSTs within the last calendar year will meet this screening requirement. Documentation of 1 negative TST in the last calendar year requires you to get an additional TST. Documentation of 2 negative TSTs more than a calendar year ago requires you to get an additional TST. Submit all records of past TSTs.

Two-step TB Skin Test (TST) is done as follows: The first test is placed, and results are read within 48-72 hours after placement. There must be at least 7 days between the placement date of the first TST and the

placement date of the second TST. The second test is placed, and results are read within 48-72 hours after placement. Placement date, read date, result and induration are all required for acceptable documentation.

TST #1 Placement Date: _____ Read Date: _____ Result: _____ Induration: _____mm

TST #2 Placement Date: _____ Read Date: _____ Result: _____ Induration: _____mm

OR

☐ Submit an IGRA – QuantiFERON Gold – T-Spot blood test lab report performed in the United States within the calendar year of your program start

History of Positive TB Screening Test: If you have a positive TST or TB Blood Test in the past, please provide documentation of the following:

☐ Submit positive test result
☐ Submit chest x-ray report
☐ Print out and complete the following TB Assessment Form:
https://studenthealth.uiowa.edu/assets/Tuberculosis-Assessment-Form-v3.pdf

Additionally, if you have been treated for LTBI (Latent TB Infection), please provide documentation of the following:
☐ Medication information
☐ Treatment dates

Health Screening: Complete and submit the following Health Screening information at the start of your Health Science program. Can be signed by RN, ARNP, PA, DO or MD.

☐ Have appropriate medical staff review the contents of this form, test/lab results, vaccine dates and Health Screening information before they sign at the bottom of the next page.

Age:_____ Place of birth:_____

☐ **NO** ☐ **YES** Are you currently being treated by a health care professional for any condition(s)?

_____

_____

_____

IOWA | Student Health

☐ **NO** ☐ **YES** Are you taking any medications regularly or as needed (other than aspirin/Tylenol)?

_____

_____

_____

_____

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 reviewed the contents of this from, test/lab results, vaccine dates, screened this patient and found them to be free of communicable illness (RN, ARNP, PA, DO or MD).

Printed Name: _____ Signature: _____

Date: _____ Email this form and **copies of lab/titer results** to: immunizations@healthcare.uiowa.edu

Office Stamp: