IUPUI

Indiana University Health Professions Programs
Health Requirements for Matriculation 2017

For the protection of students and the patients with whom they will come in contact during training, all entering students must meet established health requirements. **FORMS AND IMMUNIZATION DOCUMENTATION DUE PRIOR TO PROGRAM START.**

Please print the Health Evaluation and Immunization Checklist forms, ensure all required and applicable documentation is attached, and scan the documents to IUPUI Campus Health: healthsv@iupui.edu

PLEASE NOTE - When corresponding via email, include Last Name, First Name, Program, and Graduation Class in the Subject Line

1. **Health Evaluation Form:** To be completed and signed by a physician or provider (M.D., D.O., N.P., P.A.) upon completion of physical examination and any applicable laboratory testing.

2. **Immunization Checklist Form:**

Copies of clinical records MUST be attached for each vaccine or lab test to be considered VALID.

- ✓ **Hepatitis B –** The vaccine is administered in a series of 3 injections at 0, 1, and 6 months. Students admitted at least 6 months prior to the beginning of classes must provide documentation of completion of the series **OR** proof of an immune Hepatitis B antibody titer. Students admitted later must at least provide documentation of starting the series prior to attending class. All students must show evidence of having begun the series at the time this form is due.

- ✓ **Measles, Mumps, Rubella (MMR) –** Proof of 2 vaccinations at least 28 days apart **OR** proof of an immune antibody titer for EACH disease is required. *If you have received individual vaccinations for Measles, Mumps, or Rubella, proof of 2 vaccinations for each individual disease is required.*

- ✓ **Tetanus/Diptheria and Acellular Pertussis (Tdap) –** One Tdap (first available in 2005) is required. Td boosters every 10 years thereafter.

- ✓ **Varicella (Chicken Pox) –** Proof of 2 vaccinations at least 28 days apart **OR** proof of an immune Varicella antibody titer is required. Stating history the disease as a child is NOT proof of immunity.

- ✓ **Tuberculosis –** Prior to beginning classes, new students must have two completed Tuberculin Skin Tests (TST), formerly referred to as a PPD, if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥ 7 days apart. Step 1 must be within 18 months of matriculation and step 2 must be after May 1, 2017. One interferon gamma release assay (IGRA) completed after May 1, 2017 may be substituted for the TSTs. Also, if there is a known history of BCG vaccination, an IGRA blood test is preferred over TST placements.

  The following **must** be included on the TST documentation in order to be considered valid:
  1. **DATE** and **TIME** of Placement
  2. **DATE** and **TIME** of Reading (must be within 48-72 hours of placement)
  3. Results recorded in "mm"
  4. Placement/Read/Documentation signed by certified medical personnel

  EXAMPLE OF VALID DOCUMENTATION:

Date Placed	Time Placed	PPD Lot #	Exp Date	Location	Placed By:	Date Read	Time Read	Results (mm)	Read By:
02/16/13	1252	123456	12/2015	RFA	MER, RN	02/18/13	1327	0mm	MER, RN
07/01/13	1501	123456	12/2015	LFA	RAF, RN	07/04/13	1246	0mm	TPW, LPN

  If there is history of a positive TST or IGRA in the past, documentation of the positive result and evidence of any chest x-ray and medical treatment received must be provided. Also, for a newly positive TST or IGRA, evidence of a chest x-ray is required along with documentation of any medical treatment prescribed. A TB Symptom Questionnaire located on the IUPUI Campus Health website (http://health.iupui.edu/employees/forms.html) must also be completed and submitted with your documentation.

FYI – All students will be required to participate in annual academic year TB Surveillance, Flu vaccination, and Health Evaluation while attending IU Health Professions Programs.

You will be contacted via email once your documentation is received and reviewed!

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Health Professions Programs
2017 Student Immunization Checklist

Name (**PRINT LEGIBLY**): _____ _____ _____ Date of Birth: _____/_____/_____
LAST FIRST MI Mo Day Year

Gender: M / F Student ID#:_____ Phone:(_____)_____

Program Start Date: ___/___/___ Graduating Class of: _____ Email:_____
Mo Day Year

Declaration Statement

IUPUI Campus Health and the School require you to provide documentation of the following vaccinations by June 1st. *Failure to submit the appropriate documentation may delay or prevent your ability to start your program.* We highly recommend you submit your documentation as early as possible. We are not responsible if you submit documentation at the last minute that does not meet requirements.

**Copies of clinical records *MUST* be attached for each vaccine dose or lab test **

Hepatitis B: THREE doses are required **OR** a positive antibody titer (HBsAb)

Vaccinations: #1 ☐ #2 ☐ #3 ☐ **OR** Evidence of Immunity: Hepatitis B Titer ☐

MMR (Measles, Mumps, Rubella): TWO doses are required at least 28 days apart **OR** a positive antibody titer (IgG) for each

Vaccinations: #1 ☐ #2 ☐ **OR** Evidence of Immunity: Measles Titer ☐ Mumps Titer ☐ Rubella Titer ☐

Tdap (Tetanus/Diptheria and Acellular Pertussis): ONE dose is required. Td boosters every 10 years thereafter.

Vaccination: #1 ☐

Varicella (Chicken Pox): TWO doses are required at least 28 days apart **OR** a positive antibody titer (IgG)

Note: Having the disease as a child is not proof of immunity

Vaccinations: #1 ☐ #2 ☐ **OR** Evidence of Immunity: Varicella Titer ☐

- New students must have two completed Tuberculin skin tests (TST) if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥ 7 days apart. ***DATE/TIME of TST placement, DATE/TIME of TST read within 48-72 hours, and results recorded in "mm" MUST be recorded on the attached documentation or it is not valid!*** One IGRA blood test (T-Spot or Quantiferon Gold) completed after May 1, 2017 may be substituted for the TSTs. If there is a known history of BCG vaccination, an IGRA blood test is preferred over TST placements.

TB Screening: TWO PPD skin tests are required if no history of positive TST **OR** one IGRA blood test may be substituted

Step 1: (**not >18 months** before matriculation) ☐ **Step 2:** (**after May 1, 2017**): ☐ **OR** IGRA (**after May 1, 2017**) ☐

- If there is history of a positive TST or IGRA in the past, documentation/evidence of the positive result and evidence of any chest x-ray and medical treatment received must be provided. Also, for a newly positive TST or IGRA, evidence of a chest x-ray is required along with documentation of any medical treatment prescribed. A TB Symptom Questionnaire must also be completed (http://health.iupui.edu/employees/forms.html).

Positive History for TB Screening: If documented history of positive TST or IGRA, documentation/evidence of the positive result, Chest X-Ray, and completed TB Symptom Questionnaire are required

Positive PPD skin test or IGRA: ☐

Follow Up Treatment: Chest XR ☐ Antibiotic Therapy (INH) taken? ☐ Yes ☐ No TB Symptom Questionnaire ☐

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Indiana University Health Professions Programs
Student Health Evaluation

NAME: _____ GENDER: M / F DATE OF BIRTH: _____/_____/_____ Graduating Class of: _____
(PLEASE PRINT LEGIBLY)

Family History:

Father:
□ Living (Age _____)
Occupation: _____
□ Deceased
Age at Death: _____
Cause:_____

Mother:
□ Living (Age _____)
Occupation: _____
□ Deceased
Age at Death: _____
Cause:_____

Siblings:
Living 1 2 3 4 more
Deceased 1 2 3 4 more

Allergies: _____ _____ _____ _____

Surgical History: _____ _____ _____

Medication: _____ _____ _____

_____ _____ _____

Have you or any of your relatives had any of the following? (Please include parents, grandparents, aunts, uncles, and siblings)

	N	Y	Who, Explain		N	Y	Who, Explain
Allergies - food, environment, medications	□	□	_____	Musculoskeletal disease - arthritis, etc.	□	□	_____
Dermatological - eczema, psoriasis, etc.	□	□	_____	Neurological - seizures, migraines, etc.	□	□	_____
Gastrointestinal disease - GERD, UC, IBS, etc.	□	□	_____	Obesity	□	□	_____
GYN/GU - breast or prostate, etc.	□	□	_____	Psychiatric - anxiety, depression, bipolar, etc.	□	□	_____
Hematological - hemophilia, DVT, etc.	□	□	_____	Pulmonary disease - asthma, COPD, TB, etc.	□	□	_____
Heart disease or high blood pressure	□	□	_____	Visual/Hearing Problem	□	□	_____
Immunological - lupus, scleroderma, etc.	□	□	_____	Other	□	□	_____
Kidney Disease	□	□	_____				

Lifestyle:

Diet:
□ Regular □ Low Fat
□ Vegetarian □ Gluten-Free

Exercise:
□ None □ Light
□ Moderate □ Heavy

Do you use any of the following?
Tobacco □ No □ Yes Alcohol □ No □ Yes
Seat Belts □ No □ Yes Caffeine □ No □ Yes

Comments: _____ Other: _____

PHYSICAL EXAM

General Overall Appearance:

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____ Pulse: _____ Respiratory Rate: _____

Skin: _____ Head: _____ Eyes: _____ Ears: _____ Nose: _____ Throat: _____

Lymphadenopathy: _____ Neck: _____ Heart: _____

Chest: _____ Spine: _____ Abdomen: _____

Extremities: _____ Neurological: _____

Comments: _____

Laboratory Exam (if appropriate):

CBC: Red Blood Count (RBC) _____ Hemoglobin (Hgb) _____ Hematocrit (HCT) _____ White Blood Count (WBC) _____

Urinalysis: pH _____ Specific Gravity _____ Protein _____ Glucose _____ Bilirubin _____

PROVIDER EVALUATION

Student is determined to be physically and mentally able to attend: □ Yes □ No

Provider Recommendations: No: _____ Yes - explain:_____

Limitations: No: _____ Yes - explain:_____

Date: _____/_____/_____ Signed: _____ Printed: _____
M.D/D.O. or N.P./P.A. Signature (Provider's name printed)