

New PharmD Student Health Requirements Checklist

Immunization Documentation Guidelines

Records must be physically or electronically signed, stamped or authorized by health care provided (no fill labels, receipts, or insurance claims forms - these are not official records)

Immunization records and lab reports must be typed or electronic (no handwritten records)

No photographs or screenshots. Documents must be high resolution print-quality scan or electronic records.

Some examples of **acceptable** formats include:

- State immunization registry (preferred)
- UNC Campus Health Immunization form
(transcribed from handwritten records and authenticated by signature or stamp of healthcare provider where indicated)
- Records from undergraduate health services center
- Output from online health portal (portal-generated PDF)
[e.g.; pediatrician or primary care provider]
- Official high school transcript

Diphtheria / Tetanus / Pertussis

DTaP	DTP	DT	Td	Tdap
------	-----	----	----	------

- | | | | | |
|-------|---|--|--|--|
| _____ | THREE (3) tetanus-component vaccines [minimum] | | | |
| _____ | One Tdap tetanus-component vaccine (part of 3 vaccines above) | | | |
| _____ | Tetanus status is current | | | |
| _____ | (last immunization after May 2014) | | | |

Titers are not accepted for this requirement

Hepatitis B Series

- | | |
|-------|---|
| _____ | Completion of a primary series
(primary series has three doses)
(two dose HeplisavB series is acceptable) |
|-------|---|

If you do not have the series, begin the series **immediately**. It can take up to seven (7) months to complete this requirement.

Series must be completed before titer

New PharmD Student Health Requirements Checklist

Hepatitis B Titer

_____ QUANTITATIVE Hep B **Surface Antibody** Titer

_____ Titer shows positive with immunity

NOTE: Qualitative titer is acceptable ONLY IF there is a numerical reference range/index (ie "Consistent with immunity: >9.9mIU/mL)

NEGATIVE TITER: (consult physician; follow below)

* If Hep B series was provided in childhood, follow "Hep B Immunity Flow Chart"

* If Hep B series was provided as an adult, repeat full series followed by a final titer 1-2 months after last vaccine dose.

If FINAL Titer is still inconsistent with immunity, then make an appointment with Dr. Chai at Campus Health to review non-responder status and obtain official waiver letter.

Measles, Mumps, Rubella (MMR)

_____ TWO (2) MMR vaccines

OR

_____ TWO (2) Measles

_____ TWO (2) Mumps

_____ ONE (1) Rubella

OR

_____ Positive titer for Measles

_____ Positive titer for Mumps

_____ Positive titer for Rubella

OR

A combination of the above to sufficiently establish immunity

New PharmD Student Health Requirements Checklist

Polio

_____ THREE (3) Polio vaccines [minimum]

Titers are not accepted for this requirement

NOTE: If you did not receive the series in childhood, contact the School for additional steps. Do **not** obtain additional vaccinations.

Varicella (chickenpox)

_____ TWO (2) varicella vaccines

OR

_____ Positive titer for Varicella

Tuberculosis (TB)

_____ TB Blood Test: Quantiferon Gold or Tspot

_____ Lab report shows positive for Immunity

OR

_____ Two-Step Skin Test

_____ Readings are 24 - 48 hours after placement

_____ At least one week between tests

_____ Documentation shows **for each test**

_____ place read, read date, mm of induration, provider, and student information

NOTE: If result is > 5mm induration, positive TB blood test, received BCG vaccination, or cannot complete skin tests due to other complications contact the School's compliance staff (ocsa_compliance@unc.edu) for direction.

NOTE: The two-step skin test may require a total of FOUR visits to your health care provider. Two visits for test placements. Two visits to receive the results.