

# Immunizations and Health Record Instructions and Requirements

## **What are the onboarding documents and universal requirements?**

There are a set of immunizations, titers, and trainings associated with being a PharmD candidate. These requirements go further than the ones required by Campus Health. This document provides a detailed list of the requirements and appropriate ways to complete them.

## **How do I submit onboarding documents?**

**All students will submit the Eshelman School of Pharmacy (ESOP) Immunization Record form to the designated folder in their RxPreceptor/CORE ELMS account by June 30th.** This form can be found on page 2 of this packet, in RxPreceptor/CORE ELMS, and on Sakai. Individual immunization records from healthcare providers will not be accepted.

**The ESOP Immunization Record form will be the only accepted document for these requirements and must be physically or electronically signed, stamped or authorized by a Health Care Provider.**

## **Do these requirements have to be updated?**

Most onboarding documents (Hep B, MMR, Tetanus/Diphtheria/Pertussis, Varicella) will not need to be updated *unless* you receive a new COVID Booster, or your tetanus booster needs to be renewed (renewal is required every 10 years).

Universal requirements will be updated annually or biennially:

- Influenza, annually
- HIPAA, annually
- OSHA (BBP and TB Certificates), annually
- Annual Tuberculosis Status, annually
- CPR, biennially

\*You will notice that most of the universal requirements are due by September 30<sup>th</sup>. We recommend you complete these requirements between September 1st and no later than September 30th to avoid having to repeat these items prior to your first immersion experiences.



**IMMUNIZATION RECORD**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_ Date of Birth ( MM/DD/YYYY ) \_\_\_\_\_ Personal ID# (PID) \_\_\_\_\_

**SECTION A REQUIRED IMMUNIZATIONS**

Please note that once the bottom of this form has been authenticated by a health care provider, no further revisions or additions can be made to the form without the notation (initials) of that health care provider.

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
<b>DTaP / DTP / DT</b> (Diphtheria, Tetanus, and Pertussis or Diphtheria-Tetanus; <b>minimum of three (3)</b> DTaP, DTP, DT, Td or Tdap vaccines. <b>One of those MUST be a Tdap</b> , followed by a Td booster every 10 years)				
Td booster (Tetanus-diphtheria)				
Tdap booster (Tetanus-diphtheria and pertussis)				
<b>Polio</b> An individual attending school who has attained their 18 <sup>th</sup> birthday is not required to receive a polio vaccine.				
<b>MMR</b> (Measles, Mumps, Rubella – two (2) MMR vaccines required on or after first birthday OR vaccines for the individual diseases in the form of two (2) Measles, two (2) Mumps and one (1) Rubella OR positive titer lab reports for all three diseases)				
<b>Measles</b> (two (2) required on or after first birthday OR positive titer lab report)				If titer, indicate results and date when titer was received
<b>Mumps</b> (two (2) required on or after first birthday OR positive titer lab report)				If titer, indicate results and date when titer was received
<b>Rubella</b> (one (1) required on or after first birthday OR positive titer lab report)				If titer, indicate results and date when titer was received
<b>Hepatitis B Series</b> (a minimum of three (3) vaccines is required in addition to a positive quantitative titer lab report)				Required titer lab report must be submitted separately in RxPreceptor/CORE ELMS
<b>Varicella</b> (chicken pox – two (2) vaccines OR positive titer lab report)				If titer, indicate results and date when titer was received

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## New PharmD Student Health Requirements Checklist

This Checklist is meant to provide you with a better understanding of the required immunizations. Please complete a thorough review of this document. You can also find additional information on these immunization requirements at the Campus Health website for [Health Science Students](#).

*\*Students are required to submit the Eshelman School of Pharmacy Immunization Record form to RxPreceptor/CORE ELMS by June 30th to meet the compliance deadline.*

### 1. 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 2015)

***\*Titers are not accepted for this requirement***

### 2. Polio

\_\_\_\_\_ An individual attending school who has attained their 18<sup>th</sup> birthday is **not** required to receive a polio vaccine.

### 3. 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

## **IMPORTANT NOTE ABOUT THE HEPATITIS B REQUIREMENT:**

**It is important to begin this requirement early to meet the June 30th deadline.**

The quantitative Hepatitis B titer is *separate* and *different* from your Hepatitis B vaccine series, and it is very common for your first quantitative Hepatitis B titer to return as not immune or negative. If this is the case, please follow the instructions outlined below. **If your Hepatitis B titer is negative, a new deadline of August 1 will be accepted for your Hepatitis B titer requirement only.**

### **4. Hepatitis B Series**

\_\_\_\_\_ Completion of a primary series (3 Hep B doses or 2 dose Heplisav B 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.*

### **5. Hepatitis B Titer**

Positive 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 (i.e. "consistent with immunity: >9.9mIU/mL)*

## **WHAT TO DO IF YOUR TITER IS NEGATIVE**

If you have a negative titer, follow below and consult a physician:

- If your titer was inadequate after the primary series, you need a booster Hepatitis B vaccine and recheck the titer 1-2 months after this dose. If this repeat titer is still inadequate, a second series needs to be completed before a final titer is done (1-2 months after completion of this second series). **Note:** If you have a recent primary Hepatitis B series (e.g., within the past year) AND the subsequent HBsAb titer was inadequate, then it is preferred that you get a repeat Hepatitis B series and have the final HBsAb titer done after the last vaccine dose.
- If you received 2 completed series and are still unable to obtain an adequate serological titer, you are considered a "non-responder" and must be evaluated by a Campus Health provider.

*\*A flow chat has been added to the end of this packet for supplemental information regarding your Hepatitis B requirement.*

### **6. Varicella (chickenpox)**

\_\_\_\_\_ TWO (2) varicella vaccines

OR

\_\_\_\_\_ Positive titer for Varicella

New PharmD Student  
Health Requirements Checklist

# Hepatitis B Flow Chart

A full Hepatitis B vaccination series (either the traditional 3-vaccine series typically received as a child or the 2-vaccine Heplisav-B series) AND a HBsAb QUANTITATIVE titer.

If your QUANTITATIVE titer is positive (>10 mIU/mL) then no further action is required and you have fulfilled the requirement.

If your first QUANTITATIVE titer is negative then you will need to receive one Hepatitis B vaccine dose (vaccine #1 in a repeat vaccine series).

Re-titer is required 1-2 months after you receive the one Hepatitis B vaccine dose (vaccine #1 in the repeat series).

If your QUANTITATIVE titer is positive (>10 mIU/mL) then no further action is required and you have fulfilled the requirement.

If your second QUANTITATIVE titer is negative then you will need to complete the vaccine series (either the traditional 3-vaccine series or the 2-vaccine Heplisav-B series).

After the series is completed then a final QUANTITATIVE titer must be performed to determine immunity.

If your QUANTITATIVE titer is positive (>10 mIU/mL) then no further action is required and you have fulfilled the requirement.

If your final QUANTITATIVE titer is negative then you must report to Campus Health for additional evaluation. Then upload documentation completed by the Campus Health Physician.

## Hepatitis B Vaccine Administration Options:

### 3-vaccine Hepatitis B Series:

Vaccine 1 - Birth or Anytime

Vaccine 2 - At Least 4 Weeks After 1st Vaccine

Vaccine 3 - At Least 16 Weeks After 1st Vaccine and at least 8 Weeks after 2nd Vaccine

Titer (Quantitative HBsAb) - 4-8 Weeks After Final Vaccine

### 2-vaccine Heplisav Hepatitis B Series:

Vaccine 1

Vaccine 2 - At Least 4 Weeks After 1st Vaccine

Titer (Quantitative HBsAb) - 4-8 Weeks After Final Vaccine