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 <u>onboarding documents (Hep B, MMR, Tetanus/Diphtheria/Pertussis</u>, 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 <u>universal requirements</u> are due by September 30th. 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 Nam | ne Date of Bi | rth (MM/DD/YYYY) | Personal ID# (PID) |
|--|--|--------------------------|----------------------|-----------------------|---|
| SECTION A REQU | JIRED IMMUNIZATIONS | | | | |
| | e bottom of this form has been authention (initials) of that health care provider. | cated by a health care p | provider, no further | revisions or addition | s can be made to the |
| Immu | unization Name | MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY |
| Diphtheria-Tetanus; minimu | iphtheria, <u>T</u> etanus, and <u>P</u> ertussis or Im of three (3) DTaP, DTP, DT, Td or e MUST be a Tdap, followed by a Td | | | | |
| Td booster (Tetanus-dip | Dhtheria) | | | | |
| Tdap booster (<u>T</u> etanus | s-diphtheria and pertussis) | | | | |
| Polio An individual atten birthday is not required to | ding school who has attained their 18 th receive a polio vaccine. | | | | |
| on or after first birthday OR | <u>R</u> ubella – two (2) MMR vaccines required vaccines for the individual diseases in the (2) Mumps and one (1) Rubella OR Il three diseases) | | | | |
| Measles (two (2) require lab report) | d on or after first birthday OR positive titer | | | | If titer, indicate results and date when titer was received |
| Mumps (two (2) required lab report) | on or after first birthday OR positive titer | | | | If titer, indicate results and date when titer was received |
| Rubella (one (1) required lab report) | l on or after first birthday OR positive titer | | | | If titer, indicate results and date when titer was received |
| Hepatitis B Series (a in addition to a positive quar | minimum of three (3) vaccines is required ntitative titer lab report) | | | | Required titer lab report must be submitted separately in RxPreceptor/CORE ELMS |
| Varicella (chicken pox- report) | two (2) vaccines OR positive titer lab | | | | If titer, indicate results and date when titer was received |
| ignature of Health Care Provider | | | | Date | |
| rinted Name of Health Care Provider | | | | Phone Number | |
| Office Address | | _City | State | Zip | o 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 <u>Health Science Students.</u>

*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. Diptheria / Tetanus / Pertussis

DTaP DTP DT Td Tdap

____THREE (3) tetanus-component vaccines [minimum]

_One Tdap tetanus-component vaccine (part of 3 vaccines above)

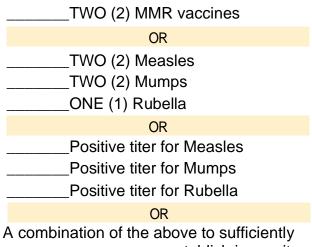
_Tetanus status is current (last immunization after May 2015)

*Titers are not accepted for this requirement

2. <u>Polio</u>

An individual attending school who has attained their 18th birthday is **not** required to receive a polio vaccine.

3. Measles, Mumps, Rubella (MMR)



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 <u>titer</u> is *separate* and *different* from your Hepatitis B vaccine <u>series</u>, and it is very common for your first quantitative Hepatitis B <u>titer</u> 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 <u>only</u>.

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 <u>immediately</u>. 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.

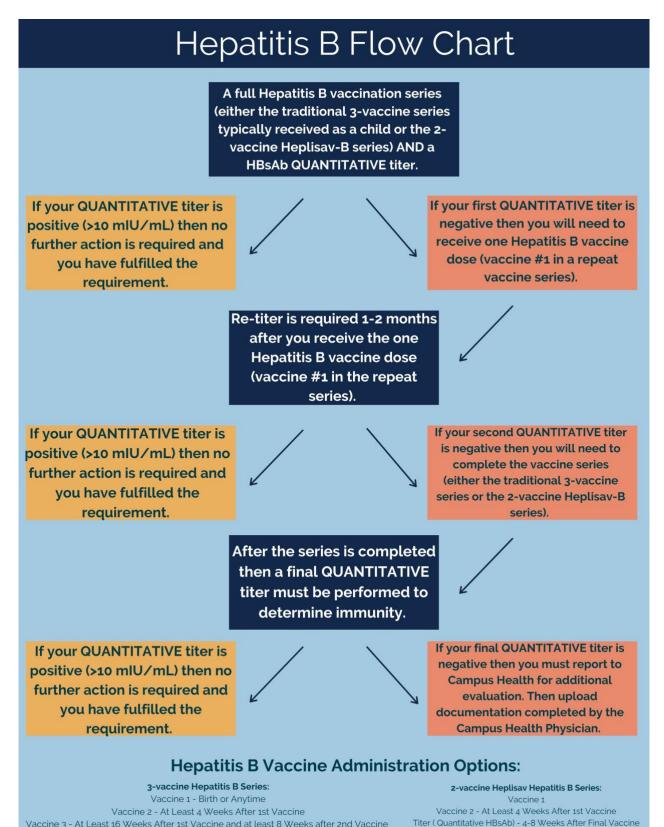
6. Varicella (chickenpox)

TWO (2) varicella vaccines

OR

Positive titer for Varicella

New PharmD Student Health Requirements Checklist



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