Pacific University

Health Profession Program Required Immunizations (2016-17)

IMPORTANT (PLEASE READ CAREFULLY)

Your program requires the following immunizations and titers before entering a health profession program, and all required immunizations and titers must be updated as necessary. It is the student's responsibility to timely complete this form and provide copies of proof of vaccinations and titer lab results. Failure to comply with a University policy can affect your admission, enrollment, or ability to continue in a health profession program at Pacific University.

1. Retain original documentation of immunization information and keep these readily available to you – you will need these throughout your program and for clinic rotations.
2. Deadline for forms and documentation:
   - Physician Assistant Program—May 1
   - Athletic Training, Audiology, Dental Hygiene, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Speech Language Pathology, all Psychology programs—July 10
   - Health Administration and Leadership—August 30
3. Mail form and copies of supporting documentation to the Student Health Center (do not email or fax).

   Pacific University Student Health Services
   2043 College Way A-174
   Forest Grove, OR 97116
4. If you have questions regarding immunization requirements, contact your program.
5. By signing on Page 2 you agree to allow immunization record information to be shared with your program.
6. Your program is responsible for managing compliance of immunization requirements for clinical placement. You will be given access to the information you've provided via Boxer Online.
7. Notification of missing requirements will come from your Program.
8. Do not call The Student Health Center (SHC) to verify receipt of your information. The SHC is unable to respond due to the heavy volume of paperwork being processed. Once your information has been reviewed it will be posted to your Boxer Online Account and you will be able to verify your information.

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Return to: Pacific University, Student Health Services
2043 College Way, Forest Grove, OR 97116
Phone: 503-352-2269

Name: _____ **Birth Date:** _____
Print (last, first, middle initial) (mo/day/yr)

Student ID Number (if known): _____ **Phone Number:** _____

Signature: _____ **Date:** _____
(My signature allows my immunization record information to be shared with my program)

Please indicate (✓) your program:

	Athletic Training		Occupational Therapy		MA/MS Applied Psychological Science
	Audiology		Pharmacy		PsyD Program in Clinical Psychology
	Dental Hygiene		Physician Assistant		PhD Program in Clinical Psychology
	Vision Science		Physical Therapy		Healthcare Administration MHA
	Optometry		Speech Language Pathology		BHS in Healthcare Management

Required—Please attach this form to your immunization documentation

☐ **Hepatitis B**
- Proof of immunity to Hepatitis B via reactive/positive Surface Antibody titer (titers are drawn 4-6 weeks after receiving 3 doses of Hepatitis B vaccine)

☐ **MMR** (Measles, Mumps, Rubella)
- Two documented vaccines (both after age 1 year) **OR** titer for each showing immunity

☐ **Tdap** Vaccine (Tetanus, Diptheria, Acellular Pertussis)
Note: the tetanus/diphtheria vaccine is unacceptable without pertussis
- One documented vaccine in the last 10 years

☐ **Varicella Vaccine** (Chickenpox) **Documentation of the disease does not meet this requirement**
- Two documented vaccines
  OR
- If you have had the disease a titer (Varicella IGG) showing immunity to disease.

☐ **Tuberculosis Screening** within 6 months of start of program (Annual TB screening is required while in your program)
- Negative Tuberculosis Skin Test (TST) **OR** Negative Quantiferon Gold Test (QFT) **OR** Tspot*.
- Students with a positive TST, QFT, or Tspot, must obtain documentation of a normal Chest X-ray.
  ***Physician Assistant Students** are required to have a Quantiferon Gold test (QFT) or Tspot test
  ***Pharmacy Students** who opt for TST must have 2 step TST administered within 1– 3 weeks of each other

☐ **Hepatitis A is required for School of Dental Hygiene Studies and Physical Therapy Programs and any student who participates in international travel. Pacific strongly recommends Hepatitis A vaccine for ALL health profession students. Please sign declination if you are not getting the Hepatitis A vaccines.**
- Two documented vaccines.
- **I am not in the Dental Hygiene or Physical Therapy Program and will not participate in international study programs and therefore I decline the Hepatitis** A vaccine at this time. I understand that I may be exposed to Hepatitis A virus during my program, and despite this risk, I decline the Hepatitis A vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A, which may also place patients and coworkers at risk. In the event of a Hepatitis outbreak, I understand I may be excluded from the university or clinical training placement under the direction of the local health officer or the Student Health Center Director. In addition, I understand that the Hepatitis A Vaccine series may be required by the University or my program in the future as a condition of continued participation in the program. Should this become a requirement, this declination will not be operative. I agree to defend, indemnify, and release the university from any and all claims resulting from my failure to receive the Hepatitis A vaccine.

Student Signature for Declination of Hepatitis A vaccine: _____ Date: _____

Influenza Check with your program regarding requirement. Available at the Student Health Center in September.