



PHYSICIAN ASSISTANT PROGRAM

### Health Screening and Immunization Requirements

Requirement	Description
Measles (Rubeola), Mumps, & Rubella (MMR)	<p>One of the following is required: 2 vaccinations OR Positive antibody titers for all 3 components (physician verification required)</p> <p>If your vaccine series is in process, submit where you are in the series, and a new alert will be created for you to complete the series.</p> <p>If any titer is negative or equivocal, new alerts will be created for you to repeat the vaccine series.</p>
Varicella (Chicken Pox)	<p>One of the following is required: 2 vaccinations OR Positive antibody titer (physician verification required)</p> <p>If your vaccine series is in process, submit where you are in the series, and a new alert will be created for you to complete the series.</p> <p>If your titer is negative or equivocal, new alerts will be created for you to repeat the vaccine series.</p>
Hepatitis B	<p>One of the following is required: 3 vaccinations OR Positive antibody titer (physician verification required)</p> <p>If your vaccine series is in process, submit where you are in the series, and new alerts will be created for you to complete the series.</p> <p>If your titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and a 2nd titer.</p>
Tuberculosis (TB)	<p>One of the following completed within the past 12 months is required: Negative 2-step TB skin test (administered 1-3 weeks apart) OR Negative QuantiFERON Gold blood test OR</p> <p>If positive results, submit BOTH of the following: Clear Chest X-Ray completed within the past 12 months AND Physician clearance documented on letterhead from the past 12 months</p> <p>Must state that you are symptom free of tuberculosis and that you have received counseling OR that you have received and completed treatment and follow up. Renewal will be set for 1 year.</p> <p>Upon renewal, one of the following is required: Negative 1-step TB skin test OR Negative QuantiFERON Gold blood test OR</p> <p>If previous positive results, submit an updated clear Chest X-Ray.</p>
Tetanus, Diphtheria, & Pertussis (Tdap)	<p>Submit documentation of a Tetanus, Diphtheria, &amp; Pertussis (Tdap) vaccination administered within the past 10 years.</p> <p>Renewal will be set for 10 years from administered date.</p>

Polio	<p>One of the following is required: Three doses of IPV given at any point OR Three doses of OPV as a child AND 1 booster of IPV OR If you DO NOT have a complete record of previous polio vaccination, you must submit at least three IPV shots, regardless of age.</p> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. OR Positive Polio Titer (lab report required)</p> <p>If your titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and a 2nd titer.</p>
Meningococcal Vaccination	<p>One of the following is required: 1 vaccination OR Positive titer for Meningitis</p> <p>If your titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and a 2nd titer.</p>
Meningococcal Booster + Titer Action 1	<p>You have submitted a negative or equivocal titer. To fulfill this requirement, you must submit documentation of one booster vaccine (administered after your titer) and a 2nd titer. Submit where you are in this process and a new alert will be created for you to complete the titer, if needed.</p>
Meningococcal Booster + Titer Action 2	<p>You have submitted a negative or equivocal titer. To fulfill this requirement, you must submit documentation of one booster vaccine (administered after your titer) and a 2nd titer. Submit your 2nd titer to this requirement.</p>
Influenza (flu)	<p>Submit documentation of a flu shot administered during the current flu season. Seasonal influenza is immunization received after August of current school year - April The renewal date will be set for 1 year Note that Influenza Vaccination is not required during the didactic year. Influenza Vaccination is highly recommended during the Clinical year and is a requirement (or approved waiver/exemption) of many clinical rotation sites.</p>
COVID-19 Vaccination	<p>One of the following is required: Documentation of original COVID-19 Vaccination series OR Documentation of the current year COVID-19 Vaccine OR Completion of COVID-19 Vaccine Exemption Form</p> <p>Renewal date will be set for 1 year Note that COVID-19 Vaccination is not required during the didactic year. COVID-19 Vaccination is highly recommended during the Clinical year and is a requirement (or approved waiver/exemption) of many clinical rotation sites.</p>
Health Insurance	<p>One of the following is required: Copy of current health insurance card OR Proof of coverage Renewal will be set for August 1 each year.</p>
Physical Examination	<p>Submit documentation of your physical exam completed and signed by a medical professional within the past 6 months. Must be submitted on school form (Only page 1 of the form is required for approval)</p>
Technical Standards Agreement	<p>Please download, print, and complete the attached Technical Standards Agreement form. The completed form should be resubmitted to this requirement.</p>
To review the PA program's vaccination exemption policy, please consult the <a href="#">Immunization &amp; Health Screening Policy</a> document.	