

Immunization and Health Requirements 2021

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DUE DATES: PA Program – May 3, 2021; DO, DPM, DPT, MSA, & MBS Programs – June 18, 2021

RETURN CHECKLIST – pages 1-3

Keep copies of everything you submit in a handy place as you will need to produce this information for your clinical rotations and future employers.

FORMS INCLUDED WITHIN THIS FILE ARE INDICATED BY, TO VIEW THEM, SCROLL PAST PAGE 10

DEMOGRAPHIC FORM

Demographic form**

- For the purpose of creating an account in our electronic record system where your records will be housed.

HISTORY & PHYSICAL EXAM

DMU's Medical History form**

- The history from a military physical is acceptable. Other history forms will not be accepted.
- The history form needs to be signed and dated by the student

DMU's Physical Exam form**

- Physical exams documented on other forms will not be accepted, with the exception of military physical exams.
- Physical exams must be dated within 1 year of the start of class.
- Do not turn in a physical exam form with a blank vision screen. Also, "WNL" or "NORMAL" is not sufficient. Examples of a vision screen are: 20/16, 20/20, 20/40, etc.

MEASLES, MUMPS, AND RUBELLA—immunization records and/or lab reports for the following:

2 MMR vaccination dates or positive titers (IgG antibodies) for measles, mumps, and rubella.

- ****DO/DPM students:** Some clinical sites require titers for measles, mumps, and rubella.
 - **Quantitative** titers are preferred;
 - Qualitative titers (results noted as "reactive" or "positive") are sometimes accepted IF they have a reference range on the report defining what "reactive" means (e.g. "reactive \geq 1.90).
 - If you get these titers done now, submit a copy of the lab reports in addition to your vaccination dates. **Otherwise, please be mindful that you may need to get these lab tests later if you choose to apply to one of these clinical sites.**

POLIO—immunization records for the following:

Primary vaccination dates for polio; if vaccinated and dates are not available, a recent IPV

DIPHTHERIA, PERTUSSIS, TETANUS—immunization records for the following:

- Primary vaccination dates for DPT
- Tdap (1 dose)
- Tdap OR Td within 10 years of anticipated DMU graduation date

HEPATITIS B—immunization records and lab report for the following:

- Vaccination dates for a complete series of Hepatitis B.
- Quantitative Hepatitis B surface antibody. **Note:** *it is not uncommon for this test to be negative if many years have lapsed between vaccination and lab test. Please refer to [Frequently Asked Questions for additional instructions if your surface antibody is negative.](#)*

- If you are unable to locate your vaccination dates, you WILL need to be revaccinated as we require BOTH vaccination documentation AND a positive Hep B surface antibody. **A positive surface antibody without a record of your vaccination dates will not be sufficient.** Please see [Frequently Asked Questions](#).
- The result of your Hepatitis B surface antibody should be in a **numeric format** or **include numeric values in the reference range**.
- **DO/DPM students:** Multiple 4th year sites require a **quantitative** Hepatitis B surface antibody. The only time a **qualitative** surface antibody might be accepted is if there is a reference range on the report defining what “reactive” means (e.g. “reactive: >= 10mlu/mL). If you turn in a **qualitative** surface antibody, please be mindful that **it could be insufficient** for your 3rd/4th year rotations and you may need to get a **quantitative** surface antibody in order to submit applications to those particular sites.

VARICELLA (CHICKEN POX)—immunization records or lab report for the following:

- 2 vaccination dates **or** a positive varicella titer (IgG antibody).

- Date of disease is insufficient.
- **NOTE to DO/DPM students:** There are a few 3rd/4th year sites that require a quantitative varicella titer even if you have been vaccinated—similar to MMR titers. If you previously had varicella antibody testing after being vaccinated or you get one now, please submit a copy of the lab report.

TUBERCULOSIS: Submit A or B; And C

- A. For those who have NOT tested positive in the past or those who have tested positive but are unable to procure documentation of the positive test:
 - Two-Step TB Test form** **or** an IGRA blood test (submit a copy of the lab report)
- B. Those who have tested positive, please submit the following:
 - A copy of the positive test record (may be a skin test or IGRA)
 - A chest x-ray done after the positive test – submit a copy of the radiology report
 - A record of a conversation with a healthcare professional regarding treatment/prophylaxis for latent TB infection; AND a record of treatment if completed (medication with start and completion dates)
- C. TB Symptom Survey and Risk Assessment**

OTHER FORMS

- Disclosure of Medical Information Acknowledgment**
- Pre-Entrance and Periodic Health Screening Acknowledgment**
- TB Surveillance Statement of Understanding**

Keep copies of everything you submit in a handy place as you will need to produce this information for your clinical rotations and future employers.

MAIL YOUR RECORDS:

Des Moines University
Attn: Jessica Sleeth, RN
3200 Grand Ave
Des Moines, IA 50312

- Due to the large volume of students and records, please DO NOT e-mail your pre-admission paperwork.
- An e-mail will be sent to your **DMU e-mail address** upon receipt of your records.
- **Check your DMU e-mail before contacting Jessica to see if we received your records.**
- Once your records have been updated on Pulse you will be sent another e-mail asking you to review them for accuracy and missing items.
- Please allow some time for this to occur as it takes a little while to complete the data entry.
- Records will be updated before orientation, which is the end of May for PA students and early August for the other programs.

END OF RETURN CHECKLIST—please continue reading through entire document for Additional Information, Frequently Asked Questions and Forms.

Keep copies of everything you submit in a handy place as you will need to produce this information for your clinical rotations and future employers.

Des Moines University does not discriminate against students on the basis of hepatitis or HIV infection. However, students who know they are infected with HIV or hepatitis or those who believe they may be infected have an ethical obligation to disclose this information to the student health nurse at 515-271-7801 so appropriate accommodation measures, if deemed necessary, are provided during the clinical component of the curriculum.

See the following references:

1. Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students. <http://www.cdc.gov/mmwr/pdf/rr/rr6103.pdf>
2. SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus: https://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf

Additional Instructions – pages 4-5

Records:

- Must be legible. Must be in English.
- **Keep copies of all immunization-related records for your future needs. THIS CANNOT BE STRESSED ENOUGH.** Virtually every employer will want immunization records. **YOU WILL ALSO NEED COPIES OF YOUR RECORDS FOR ROTATIONS, SO STASH THEM IN AN EASILY ACCESSIBLE SPOT.**
- Please do your due diligence in tracking vaccination dates if you do not have the records: call your undergrad facility, high school, elementary, pediatrician, primary care provider, county health department, former healthcare employers, military, etc. If you are unsuccessful after reaching out to all the above, please include a note indicating as much when you submit your records.

Lab Tests:

- Please note that there are numerous tests for Hepatitis B. The Hepatitis B surface antibody is not the same test as a Hepatitis B surface antigen, a Hepatitis Be antibody, a Hepatitis B DNA test, or a Hepatitis B core antibody. It is not overly uncommon for a provider to accidentally order the wrong test. Usually that wrong test is supposed to be negative. If your 'Hepatitis B surface antibody' comes back negative, make sure the correct test was done before you get another vaccination.

- When a lab result is submitted, it must be an **actual copy** of the **lab report**. What is **NOT accepted** as a lab report:
 - **flow sheets from an electronic health record**
 - **letters from providers**
 - **visit summaries - lab results embedded within a visit summary are insufficient.** Lab reports include the reference ranges, the performing lab, collection date, report date, etc. The issue with lab results embedded within a visit summary are 1. they are often on a page that includes other irrelevant information (e.g. other lab results, clinical diagnoses, medication lists, etc). You will be providing this record to future employers and rotation sites—they do not need or want this additional information; and 2. Patient demographic information and collection dates aren't always on the page the lab report is listed on as visit summaries tend to be many pages long and are often unpaginated.
 - **If you submit one of the above items, you will be asked to get a lab report from your provider.**

- **Additional note to DO students regarding other labwork and fourth year rotations:** A couple of sites ask for additional labwork on their application paperwork in addition to the measles, mumps, rubella and varicella titers and Hepatitis B surface antibody mentioned previously. There is a VERY small chance you could also need a *Hepatitis B surface antigen*, and an even smaller chance you would need a *Hepatitis B Core Antibody (total)* and a *Hepatitis C antibody* for your 4th year audition applications. If you've previously had any of this testing or choose to have it done now, please submit copies of the lab reports. Otherwise, **MAKE A MENTAL NOTE OF THIS NOW, SO IF YOU END UP NEEDING MORE LABWORK IN A COUPLE OF YEARS, IT IS NOT A COMPLETE SURPRISE.**

Additional Instructions – continued from previous page

Tuberculosis:

- If you have had a positive test, you must provide documentation of it. We also require you to have a conversation with a healthcare provider to discuss prophylactic treatment for latent TB infection after active TB disease has been ruled out, as well as provide documentation of any treatment.
- History of BCG (i.e. TB vaccination) is NOT a contraindication to receiving a TB test; an IGRA lab test would be preferable to a skin test, however either one are acceptable for TB surveillance.
- Chest x-rays are NOT accepted **in lieu of** a skin test or IGRA.
- **MORE ON TUBERCULOSIS IN THE FREQUENTLY ASKED QUESTIONS.**

QUESTIONS

Please peruse the Frequently Asked Questions that follow on pages 6-9, you will most likely find the answer there. Otherwise, don't hesitate to contact me by e-mail at jessica.sleeth@dmu.edu or by phone, 515-271-7801.

PENALTY FOR NON-COMPLIANCE

Late enrollees will have 4 weeks after classes begin to complete the requirements. Failure to submit required items can result in the following:

1. Placement on administrative leave (suspension)
2. Disciplinary action by the dean of your college
3. Unable to start clinical rotations in a university-affiliated facility

**A student may request a waiver for a University immunization requirement in the event of medical contraindication to an immunization. The waiver must be approved by DMU's Student Health Nurse, as well as the student's respective College Dean/Program Director. Students must be aware that the requirements are established by DMU and affiliated clinical rotation sites. Failure to comply with immunization requirements will compromise a student's ability to participate at certain clinical rotations sites that require those immunizations. Alternate clinical rotation sites that do not require immunizations may not always be possible. As a result, a student's progression through their academic program and anticipated graduation date is likely to be delayed if clinical rotations cannot be completed. A student also may be unable to complete their clinical program and may not graduate if alternate clinical sites cannot be secured.*

Keep copies of everything you submit in a handy place as you will need to produce this information throughout your healthcare career.

References: <http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>

END OF ADDITIONAL INSTRUCTIONS—please continue reading through entire document for Frequently Asked Questions and Forms. Some of this information is repetitive.

Frequently Asked Questions, pages 6-9

*****FAQs - Hepatitis B*****

Q. My quantitative hepatitis B surface antibody was negative. What do I do? *Note: It is NOT uncommon for the surface antibody to be negative given the length of time between vaccination and lab testing. With respect to due dates, you just need to stay on track with the sequential due dates (which will likely extend past the due date for enrollment as it can take a while, particularly if needing to repeat the entire series as described below).*

- A.**
1. Verify the correct test was ordered. As mentioned previously, it is not uncommon for the wrong test to be ordered. If the wrong test was done, you will need to get the correct test.
 2. Do you have a record of your Hepatitis B vaccination dates?
 - **YES:** Get a 4th vaccination and recheck the surface antibody 1 month later; if it is positive then you are done. If it is negative, then you must get the 5th and 6th doses followed by a final surface antibody.
 - **NO:** Complete a new series at the recommended intervals and follow it with a surface antibody.

Q. What is the minimum dosing interval for the Hepatitis B vaccine?

- A.**
1. 3-dose series (Engerix-B[®], Recombivax HB[®]): 0, 4 weeks, 16 weeks. If off schedule, do not restart the series – resume the series considering the following guidelines:
 - There should be a minimum interval of 4 weeks between doses 1 and 2
 - There should be a minimum interval of 16 weeks between doses 1 and 3
 - There should be a minimum interval of 8 weeks between doses 2 and 3
 2. 2-dose series (Hepelisav-B[®]): 0, 1 month
 3. Twinrix[®]
 - 3-dose schedule: 0, 1, 6 months
 - 4-dose rapid schedule: 0, 7 days, 21-30 days, 12 months

Q. My quantitative hepatitis B surface antibody is still negative even after completing the series twice (i.e. I've received 6 doses). Now what?

- A.** Follow-up with your healthcare provider. The CDC recommends additional testing, including a Hepatitis B surface antigen and a Hepatitis B core antibody.

Q. I don't have the dates of my Hepatitis B series, but my Hepatitis B surface antibody was positive. Why do I have to get more vaccinations? It seems counterintuitive.

- A.**
- Per the CDC, a Hepatitis B surface antibody ≥ 10 mIU/ml "is a serologic correlate of protection only when following a documented, complete series." (MMWR Vol 67, No 1, Jan 12, 2018, page 24.)
 - Per ACIP's Hepatitis B and Healthcare Personnel, "HCP with written documentation of receipt of a complete, properly spaced series of hepatitis B vaccine AND a positive anti-HBs can be considered immune to HBV and require no further testing or vaccination. Testing unvaccinated or incompletely vaccinated HCP (including those without written documentation of vaccination) is not necessary and is potentially misleading because anti-HBs of 10 mIU/mL or higher as a correlate of vaccine-induced protection has only been determined for persons who have completed a hepatitis B vaccination series. Persons who cannot provide written documentation of a complete hepatitis B vaccination series should complete the series, then be tested for anti-HBs 1-2 months after the final dose."

References:

Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, MMWR Vol 67, No 1, January 12, 2018
<https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF>

Hepatitis B and Healthcare Personnel, CDC answers frequently asked questions about how to protect healthcare personnel, Immunization Action Coalition,
<https://www.immunize.org/catg.d/p2109.pdf>

Q. My hepatitis B surface antibody is not a quantitative surface antibody. What should I do?

A. Hep B surface antibodies reported as “reactive” or “positive” are generally not sufficient. A reactive/positive result would be acceptable if there is a reference range noted on the lab report that defines what reactive/positive is, for example, “reactive: results \geq 10mIU/mL” or if the lab report states “a positive result indicates immunity to Hepatitis B Virus”, or something of a similar nature. Quest is an example of one lab in which the qualitative result is insufficient.

*******FAQs - Lab Testing*******

Q. What are titers?

A. In the context of vaccinations, a titer refers to a **lab test** for immunity, the IgG antibody—not to be confused with the IgM antibody, which is the lab test done to confirm active disease. Titers are often done for measles (i.e. rubeola), mumps, rubella, and varicella. They can also be done for other vaccinations, such as polio, tetanus, and diphtheria. There are quantitative and qualitative IgG antibodies.

Q. I’ve had titers/antibody testing in the past and have the results. Do I need to have them done again?

A. No. Once you have a positive titer, it’s generally good from that point on. You do not need a “current” titer or need to have them repeated. The only time you may need to repeat a titer is if you are unable to produce adequate documentation.

Q. I’m not a DO student. Will I need additional lab tests?

A. Probably not. Clinical sites for the PA, DPT, and DPM students infrequently ask for additional tests.

*******FAQs - TB Testing*******

Q. What is an interferon gamma release assay (IGRA)?

A. The IGRA is a blood test for TB. There are two types of IGRA’s, the quantiferon gold TB test and the T Spot. TB testing can be done using either the skin test or an IGRA. Not all laboratories do IGRA tests, as there are specific testing methods and the specimen must be processed within a limited timeframe. Also, IGRA tests can be costlier than two skin tests depending upon the facility.

Q. What is a 2-step TB test?

A. Two-step TB testing is used to identify old infections by checking for a boosted reaction in a second skin test. In two-step testing, if the initial skin test is negative a second one is administered 1-3 weeks following the initial test.

Q. How far apart do the 2-step TB tests need to be?

A. There should be a minimum of 1 week between tests. For example, if a test is given on a Monday, read on Wednesday, the soonest the next test could be administered is the next Monday. The 2nd test should be given within 3 weeks of the first.

Q. I had a 2-step TB test [or I had a IGRA test] a few years ago, do I need to get another one?

A. You can submit the previous 2-step testing [or IGRA] plus all tests completed since then. **Your most recent test needs to be dated within one year of registration.** DMU requires annual TB testing. **Your TB test records MUST include the date given, the date read, and results noted in millimeters. The documentation for an IGRA test needs to be a copy of the actual lab report.**

Q. I've had a positive test in the past, but I don't have any record of it. What should I do?

A. If unable to procure the record of your positive test, you'll need to either get the 2-step test or get an IGRA blood test. If either test is positive, you will need to get a chest x-ray. We DO NOT accept chest x-rays in lieu of a skin test or IGRA. If you turn in a chest x-ray without documentation of a positive test, you will still have to get either the skin test or IGRA.

Q. Since I've been vaccinated with BCG, my doctor says I don't need a skin test and that I will always test positive. Should I get a skin test?

A. Being vaccinated with BCG is not a contraindication for skin testing, and people who have had BCG do not always have a reaction. If you do not have documentation of a previously positive test, YES, you can get a TB skin test, followed by a second (2-step testing) if the first one is negative. BCG can wane, and skin test reactions in those who have had BCG are not automatically assumed to be due to BCG. HOWEVER, while skin tests are OK to get, an IGRA test is a better alternative for those who have had BCG.

Q. Is treatment for latent TB infection (LTBI) required?

A. No. That is a decision the individual must make after appropriate consultation with a health care provider well versed on the subject. Frequently health care providers will rule out active disease but fail to discuss or offer treatment for LTBI. What is required by DMU is documentation of that conversation to ensure students are given the opportunity to make an informed decision.

Q. How old can my most recent test be?

A. We do annual TB surveillance, so your most recent TB test (either a skin test or IGRA) needs to be within 1 year of the start of classes.

Q. I have no idea what I need to submit to meet DMU's TB requirement.

Situation	What you will need
I've never had a skin test or an IGRA blood test:	<ul style="list-style-type: none"> • A baseline 2-step test (2 TB skin tests done 1-3 weeks apart) OR an IGRA test
I've never had a 2-step test; I did have one negative skin test, but it was more than 3 weeks ago:	<ul style="list-style-type: none"> • A baseline 2-step test (2 TB skin tests done 1-3 weeks apart) OR an IGRA test
I had a 2-step test, however it was over one year ago:	<ul style="list-style-type: none"> • One TB skin test dated within the previous year. • Must be able to also provide documentation of the previous 2-step test.
I had a positive TB skin test or IGRA in the past and have documentation of it:	<ul style="list-style-type: none"> • No skin test or IGRA test is required; MUST provide the following: <ul style="list-style-type: none"> ○ documentation of the previously positive test; ○ a chest x-ray dated after the positive test; ○ a record of discussing test with your healthcare provider; ○ a record of LTBI treatment if done; ○ complete the symptom survey.
I had a positive skin test in the past, however I have no record of it:	<ul style="list-style-type: none"> • 2-step baseline skin test OR an IGRA test**
Previous BCG vaccination with no record of a positive test:	2-step baseline skin test OR an IGRA test

We currently do annual TB surveillance. If you turn in an IGRA test and have a previously **undocumented positive skin test, you will need to get an IGRA test on an annual basis. **This will be an added expense for you.**

*******FAQs - General*******

Q. Can I fax or e-mail my records?

A. Mailing the documents is preferred. Scanned and faxed copies generally deteriorate in quality from the original document; additionally, after they are reviewed we scan the records into our electronic record, thus the quality of the original document is important. There is also a very large number of students and records.

Q. How will I know you received my records?

A. **Check your DMU e-mail address.** All communication regarding your records will be sent there. **Be sure to keep copies of everything you mail.**

Q. How soon will my records be updated and visible on Pulse?

A. **They will be updated sometime after receipt and before orientation.** It can take a while to review everything, given the volume of students.

Q. I can't find my childhood vaccinations. What should I do?

A. You should check with your elementary, middle, and high schools to see if they have a copy. You'd be surprised what is still on file. You should also check your undergrad institution(s). County health departments are often helpful, particularly if your state has an immunization registry, also check with your PCP or pediatrician. Former healthcare employers and the military are also some other options to check; as a last resort, parents sometimes have vaccination dates noted in baby books.

- **If you were not vaccinated for polio or tetanus**, you will need to be vaccinated with a primary series.
- **If you have checked all the places noted above and are still not able to locate your vaccination dates:** for tetanus you will need to provide documentation of three tetanus-containing vaccines (one of which must be a Tdap); and for polio you will need to obtain an IPV. Please include a note that you have made every effort and are not able to locate your vaccination dates.

Q. What is a Tdap?

A. Tdap is a vaccine which came out in 2005. It is a vaccine against tetanus, diphtheria, and acellular pertussis. The CDC recommends one dose as an adult followed by Td or Tdap boosters every 10 years.

Q. Does the DMU physical exam form need to be submitted or is a physical exam documented on a different form acceptable?

A. The DMU physical exam form is **required**. The only acceptable alternative is a physical done for the military, documented on the DOD form.

Q. Who do I contact if I have questions?

A. Thank you for taking the time to read this information (including that which is repetitive). Please don't hesitate to contact Jessica via e-mail at jessica.sleeth@dmu.edu or by phone at 515-271-7801 if you have remaining questions.

*****Keep copies of everything you submit in a readily accessible place for all future clinical rotation and employment needs***.**

**THE REMAINING PAGES OF THIS DOCUMENT ARE DMU'S FORMS
SCROLL PAST PAGE 10.**

Continue to next page.

Demographic Form

Program you are enrolling in:

DO DPM DPT PA MSA MBS

Please **PRINT LEGIBLY**

Legal First Name: _____ Middle Initial: _____ Last Name: _____

First Name Used, if different from Legal Name: _____

Former Name/Last Name, if any: _____

Date of Birth: _____ Legal Sex: _____

Phone, including area code: _____ Cell Home

Is it OK to text to the number above? Yes No

Email: Use DMU e-mail address: _____ Other: _____

Ethnicity: Hispanic Not Hispanic Decline

Race: _____ Decline

Address: _____

City, State, Zip: _____

*The questions above are required fields in our electronic record system and will be used to create the record where your documents will be housed.

Additional Demographic Information - Optional

Marital Status: Divorced Married Partner Separated Single Widowed

Gender Identity: Male Female
 Transgender Male/Female-to-Male Transgender Female/Male-to-Female
 Gender Non-Conforming (neither exclusively male or female)
 Other _____
 Choose to not disclose

Assigned Sex at Birth: Male Female Choose to not disclose

Preferred Pronouns: He/him She/her They/them

Today's Date: _____

Continue to next page.

Name: _____ DOB: _____

Program: DO DPM PA DPT MSA MBS (circle)

MEDICAL HISTORY (to be completed by student)

Relationship status: Divorced Married Partner Single Widowed Sex assigned at birth M F

Do you smoke? No Yes, quantity _____ packs per day

Coffee/tea intake: _____ cups/day Soft Drinks: _____ per day

Do you drink alcohol? No Yes, quantity _____

Allergies: _____

Surgeries (procedure and year): _____

Chronic/serious illnesses/injuries (type of illness/injury and year): _____

Current Medications (include dose and frequency): _____

Do you have, or have you ever had the following:

	Y	N		Y	N		Y	N
Frequent and/or severe headaches			Shortness of breath			Frequent and/or painful urination		
Dizziness or fainting			Sinusitis			Other genitourinary diseases		
Concussion, head or spinal injury			Asthma, wheezing			Swollen or painful joints		
Hearing loss			Chronic cough, hoarseness			Broken bones		
Loss of vision, wear corrective lenses			Hay fever			Arthritis, bursitis		
Glaucoma			Chronic or frequent colds			Recurrent back pain		
Recent gain or loss of weight			History of positive TB test*			Recurrent knee pain		
Thyroid trouble or goiter			Tuberculosis*			Other musculoskeletal problems		
Frequent trouble sleeping			Heart trouble or murmur			Frequent indigestion		
Depression or excessive worry			High or low blood pressure			Stomach, intestinal disease		
Eating disorders			Pain or pressure in chest			Ulcer		
Other mental health problems			Palpitations or pounding chest			Blood, mucous in stool		
Skin diseases			Other cardiovascular disease			Liver, gallbladder disease		
Tumor, growth, cyst, cancer			Chicken pox			Jaundice or hepatitis		
Diabetes			Kidney/urinary tract infection			Hernia		
Anemia, blood disorder			Kidney stones or blood in urine			Rectal disease, hemorrhoids		
Mononucleosis			Difficulty with urination			Other gastrointestinal disease		

FOR WOMEN ONLY

Change in menstrual pattern			Abnormal pap smear			Treated for pelvic infection		
Other female disorder			Fibrocystic breast changes			Number of children born alive		

Please explain any "yes" answers: _____

***If history of positive TB test, please provide a copy of the record—date, results, and treatment, if recommended**

Family History (blood relatives)

Relative & Age	Serious Health Conditions	If deceased, indicate age and cause	Other Family Health Conditions	Who
Father			High blood pressure	
Mother			Diabetes	
Siblings			Tuberculosis	
1. <input type="checkbox"/> M <input type="checkbox"/> F			Migraine headaches	
2. <input type="checkbox"/> M <input type="checkbox"/> F			Heart attack before age 50	
3. <input type="checkbox"/> M <input type="checkbox"/> F			Cancer	
4. <input type="checkbox"/> M <input type="checkbox"/> F			Depression	
Children			Thyroid disease	
1. <input type="checkbox"/> M <input type="checkbox"/> F			Other	
2. <input type="checkbox"/> M <input type="checkbox"/> F				
3. <input type="checkbox"/> M <input type="checkbox"/> F				

Patient Signature _____ Today's Date _____ Provider Review _____

Name: _____ DOB: _____

PHYSICAL EXAM

Date of Exam _____

Height _____ Weight _____ BP _____ Pulse _____ Resp _____

Required Vision Screen: (binocular Snellen) _____ corrected or uncorrected (circle)

	Detailed Description of ABNORMAL findings
GENERAL: posture, gait, speech, appearance	
HEAD: hair, symmetry, tenderness	
EYES: lids, sclera, conjunctiva, muscles, cornea, pupils, fundi, peripheral fields	
EARS: pinna, canal, drum, hearing	
NOSE: septum, obstruction, mucosa	
MOUTH/THROAT: breath, lips, teeth, tongue, mucosa, pharynx, tonsils	
NECK: thyroid, motion, trachea, veins	
LYMPHATICS: cervical, supraclavicular, axillary, inguinal	
CHEST/LUNGS: symmetric, percussion, excursion, breath sounds	
CARDIOVASCULAR: PMI, rate, rhythm, sound, murmur, bruits, pulses, leg veins, edema	
ABDOMEN: tenderness, organs, hernia, masses, sounds scars	
MUSCULOSKELETAL: back, upper extremities, lower extremities	
SKIN: birthmarks, rashes, scars, texture	
NEUROLOGIC: DTR's: biceps, triceps, patella, ankle, Romberg, Babinski, cranial nerves, sensory, coordination, tremor, vibratory	
MENTAL STATUS: alertness, orientation, affect, judgment, cognition, memory, abstraction, hallucination/delusions	
Breasts, Rectal, Gyn and male GU are not required to be examined.	

Comments about abnormal or other findings: _____

Are there any restrictions on physical activity? No _____ Yes _____

If yes, please explain: _____

Are there any recommendations for continued medical care? No _____ Yes _____

If yes, please explain: _____

Healthcare Provider Signature (DO, MD, NP, or PA)

Healthcare Provider Name (printed)

Date

Address

(_____) _____

Telephone Number

City, State, Zip

(_____) _____

Fax Number

TWO-STEP TB TEST

For those who have not had a positive TB test and those who are unable to obtain documentation of a previously positive test.

Student Name: _____ DOB: _____

TB skin tests are to be read by a qualified healthcare professional 48-72 hours after administration. Students may not read their own test. An IGRA test may be done in lieu of this 2-step skin test. For questions regarding TB testing, please refer to FAQ's.

TB TEST #1:

Date administered: _____ Location LFA RFA

Administered by: _____ (signature and credentials)

Printed Name: _____

Facility Name _____ Phone: (____) _____

Date read: _____

Result noted in millimeters (REQUIRED): _____ mm (write "0" if there is no induration).

Interpretation: Negative Positive

Read by: _____ (signature & credentials)

Printed Name: _____

Facility Name _____ Phone: (____) _____

(or check here If read at the same location as the administration)

TB TEST #2 (to be done 1-3 weeks after a previously negative test, **do NOT do if previous test was positive**):

Date administered: _____ Location LFA RFA

Administered by: _____ (signature and credentials)

Printed Name: _____

Facility Name _____ Phone: (____) _____

Date read: _____

Result noted in millimeters (REQUIRED): _____ mm (write "0" if there is no induration).

Interpretation: Negative Positive

Read by: _____ (signature & credentials)

Printed Name: _____

Facility Name _____ Phone: (____) _____

(or check here If read at the same location as the administration)

TB Symptom Survey & Risk Assessment

Student Name: _____ **DOB:** _____

Program: DO DPT PA DPM MSA/MBS **Graduation Year:** _____

Symptom Survey

Are you experiencing any of the following symptoms **NOT** associated with a specific illness (e.g. flu or cold)?

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Cough lasting more than 3 weeks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood-streaked sputum (phlegm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pain in the chest | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weakness or fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unplanned weight loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Night sweats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anorexia (loss of appetite) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Risk Assessment

1. Have you had temporary or permanent residence (for 1 month or longer) in a country with a high TB rate (i.e. any country other than Australia, Canada, New Zealand, the United States, or those in western or northern Europe)?
 No Yes; if 'yes', was it before or after your last TB test? Before After
2. Are you currently immunosuppressed or anticipating immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g. infliximab, etanercept, or other), chronic steroids (equivalent of prednisone $\geq 15\text{mg/day}$ for ≥ 1 month), or other immunosuppressive medication?
 No Yes
3. Have you had close contact with someone who has had infectious/active Tuberculosis since your last TB test?
 No Yes

Student Signature

Today's Date



DISCLOSURE OF MEDICAL INFORMATION ACKNOWLEDGEMENT 2021

As allowed by FERPA, I understand my student health records may be released by the employees or agents of Des Moines University as follows:

1. Disclosure may be made to the following person(s) or organizations:
 - To the clinical rotation coordinators of my educational program at Des Moines University (DMU)
 - To the Registrar's office
 - To the Dean's office of the applicable college
2. The following information may be disclosed:
 - The clinical coordinators may have access to the immunization record database. Their access to the database is limited to students within the clinical coordinator's program: Physical Therapy, Podiatric Medicine, Physician Assistant, Osteopathic Medicine, Anatomy, or Biomedical Sciences.
 - Physical examination results may be released to the clinical coordinators.
 - Health information related to potentially infectious conditions may be released to the clinical coordinator or Dean's office of the applicable college.
 - A student's name, along with any outstanding requirements, may be released to the Registrar's office and/or Dean's office of the applicable college.
3. The information is being disclosed for, and may be used for, the following purpose(s):
 - The information released to clinical coordinators will be provided to the sites where I am applying to or scheduled to participate in clinical rotations as a student at DMU.
 - Information may be provided to the clinical coordinators, Registrar's and/or Dean's office to facilitate completion of the registration process.
 - To determine if restrictions to clinical activity are indicated.
4. I understand records may be released as described above until I am no longer enrolled in the University.

My signature below indicates I have read and understand the above information:

Signature

Date

Legibly Printed Name

PRE-ENTRANCE AND PERIODIC HEALTH SCREENING ACKNOWLEDGMENT 2021

- 1) I understand that pre-entrance and periodic health screening evaluations for all students in medically-oriented curricula are required in order to detect and prevent communicable diseases that may be a threat to patients, hospital/clinic personnel, or students.
- 2) Annual TB surveillance is required while I am a student at DMU. Depending upon my history, this will consist of one of the following: a TB skin test, an IGRA test (lab test) or a sign & symptom survey. I understand there may be an additional cost to meet these requirements.
- 3) I will complete the Hepatitis B series within the prescribed time frame (6 months) and obtain a surface antibody 1 month upon completion of the vaccination series. I understand if my initial Hepatitis B surface antibody is negative, further vaccination and testing is required.
- 4) I understand DMU requires both dates of Hepatitis B vaccination AND a positive surface antibody; and that if I have a positive surface antibody without my vaccination dates I will be required to provide vaccination dates, which may entail getting revaccinated.
- 5) I understand that if I fail to submit a health history, physical exam, and completed immunization record (Hepatitis B series can be in progress) by the time I register for classes, my registration is incomplete. I will be notified at orientation if my records are still incomplete, and given 30 more days to comply. If my records remain incomplete at that time, I will be placed on administrative leave (suspension) until my records are brought up to date.
- 6) I understand that if I fail to comply with future updates of tuberculosis surveillance and immunizations while in school, I will not be able to start my clinical rotations in a university-affiliated facility.
- 7) I understand flu vaccination will be a requirement for clinical activity.
- 8) I understand that further periodic evaluations or tests at my own expense may be required if indicated or if exposure to a blood-borne pathogen occurs.
- 9) I understand I must maintain health insurance coverage and provide documentation of that coverage while enrolled at Des Moines University.
- 10) I understand that these requirements are subject to change if clinical surveillance standards are updated.

My signature below indicates I have read and understand the above information:

Signature

Date

Legibly Printed Name

TB Surveillance Statement of Understanding 2021

Please mark one of the following:

- A. I have never had a positive TB test or a reaction to a skin test.
- B. I have had a positive TB test or a reaction to a skin test in the past, and I DO have a record of it.
- C. I have had a positive TB test or a reaction to a skin test in the past, and I DO NOT have a record of it.
- D. I have not obtained a TB skin test because I have been told I had BCG and I will always test positive.

Please read the following and sign below.

- I understand that Des Moines University conducts annual TB surveillance. Annual TB surveillance consist of one of the following: symptom survey, TB skin test, an IGRA lab test (e.g. quantiferon gold test or T-Spot test).
- If you marked **C** or **D** above:
 1. ENROLLMENT: I understand if I am unable to provide the record of a previously positive TB test or documentation of a reaction to a skin test, I will be required to either get a 2-step TB test or an IGRA lab test for enrollment purposes. A chest x-ray is insufficient.
 2. ANNUAL SURVEILLANCE: I understand if I am unable to provide a record of a previously positive TB test or documentation of a reaction to a skin test, my annual TB surveillance options will consist of either a) an IGRA lab test to be done at my expense or b) a skin test. I understand if I choose to get a skin test and I react to the skin test, I will then have to obtain a chest x-ray or get an IGRA, both of which will be done at my expense, regardless if I have been vaccinated with BCG. Additional follow-up may also be needed.
 3. I understand vaccination with BCG is not a contraindication for a skin test. For persons who have been vaccinated with BCG, an IGRA lab test is a better option than a skin test.
- I understand rotation sites may have varying requirements for tuberculosis surveillance and I will be responsible for the costs associated with meeting those requirements.

My signature below indicates I have read and understand the above information.

Signature

Printed Name (legible)

2/2021

Date Signed