

# Immunization Requirements for Dental Hygiene Program At Texas Woman's University

**Immunization Compliance Inquiries to:**  
Immunization Program Phone: (940) 898-3825  
P.O. Box 425467 (888) 898-8825  
Denton, TX 76204-5467  
<https://patient-twu.medicatconnect.com/>

**IMPORTANT: SUBMISSION OF REQUIRED IMMUNIZATION RECORDS IS NECESSARY TO COMPLY WITH TEXAS ADMINISTRATIVE CODE TITLE 25, P1, CH97, SUBCH B, RULE §97.61 AND THE POLICY OF TEXAS WOMAN'S UNIVERSITY.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_@\_\_\_\_\_ Alt. Phone #: (\_\_\_\_) \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Address City/State Zip  
Sex (Male/Female): \_\_\_\_\_

## PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

**\*\* All Vaccine/Immunization records must include full dates i.e. month/day/year & health care providers' signatures. Health care provider initials may be considered sufficient if the document is on a health care provider's letterhead including the name & address of the practice. School records which merely reflect dates of administration will NOT be accepted. Immunization records submitted without thorough documentation will not be accepted at any clinical site and students will be required to repeat vaccines or obtain titers in lieu of vaccines if applicable. All immunization records should be uploaded to TWU Student Health Patient Portal at <https://patient-twu.medicatconnect.com/>**

**Tdap** – Tetanus, Diphtheria and Pertussis must be renewed every 10 years.

**Flu** – must be current Flu season (September –April) due annually. Record must include: Manufacturer, Flu Lot number, expiration date, injection site and provider's signature. Receipts are NOT accepted.

**TB Screening** – within past one year. *If you are eligible for TB Skin testing, results MUST include induration, even if the negative result is '0 mm of induration. After a positive TB Skin test, you must have a TB Blood test prior to having a Chest X-ray.*

**MMR 2 doses OR Positive Titer** – Measles, Mumps & Rubella Titer (must submit lab report).

**Varicella 2 doses OR Positive Titer** – must submit lab report for Titers. **History of chicken pox not accepted.**

**Hepatitis B Series** (3 doses) - dose 2 (30) days after dose 1, dose 3 (5 months) after dose 2.

**Hepatitis B Titer** (Hepatitis B Surface Antibody) – 30 days after completion of Hepatitis B Series (in lieu of Hepatitis B Series completion).

**\*\*Please note negative titer results may require a repeat of vaccine doses and additional titer screening.**

### ***Student must sign for immunization compliance:***

I certify that, to the best of my knowledge, the above information and attached copies are true and correct.

I also give my consent for the release of my immunization records to faculty/staff at Texas Woman's University. I further consent to the release of my immunization records to any clinical facility that I request they be sent to for clinical rotations or employment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

In accordance with Leg. House Bill 1922, an individual is entitled to request to be informed about the information collected about them; receive and review their information; and correct any incorrect information. Disclosure of your social security number is required in order to set up your immunization status at Texas Woman's University. Your social security number will be used as a unique number to identify you. Any further disclosure of your social security number will be governed by the Public Information Act (Chp 552 of the Texas Government Code).

Revised Summer 2018

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## Testing for Tuberculosis

Criteria for TB Blood or Skin Testing is determined by the TWU Student Tuberculosis Screening and Case Management Policy;<sup>1</sup> substituting one type of test for another is not permitted for immunization compliance. All testing must take place in the United States at a licensed medical facility.

### **TB Blood Test (QuantiFERON or T-Spot) required for:**

- Students who have had a positive TB skin test and have NEVER taken antibiotics for TB
- Students who were born, lived or traveled for  $\geq 8$  weeks in a country with high incidence of TB as designated by WHO/CDC. Visit SHS webpage for additional information.
- Students requiring periodic TB screening who were previously tested with a TB Blood Test
- Students with cancer, HIV/AIDs, an immunosuppressive condition, kidney disease or diabetes
- Students taking immunosuppressive medication – steroids (prednisone), biologics (Humira, Enbrel, etc.) or chemotherapy
- Students who have ever been diagnosed with an atypical mycobacteria infection
- Students who received BCG (Bacille Calmette-Guerin) immunization

### **TB Skin Test (Mantoux test) is acceptable for:**

- Students who were born, lived and traveled to countries with low incidence of TB, NEVER had a positive TB Skin Test or TB Blood Test, and have NO criteria for TB Blood Test
- Low risk countries include United States, Canada, most of Europe, and others. Visit SHS webpage for more information.

### **Chest X-Ray (CXR) for TB Screening**

- Most students do NOT require CXR for TB screening
- Those with positive TB Skin Tests who have not taken TB antibiotics require TB Blood Test, not CXR
  - If the TB Blood Test is NEGATIVE, students do NOT need CXR
- CXR performed in United States and TB Clearance Statement is required for:
  - Students with positive TB Blood Test results
  - Students with symptoms of active TB infection
  - Students who have taken antibiotics for TB for any length of time
    - CXR must be performed within 365 days prior to first day of classes upon entrance to TWU or *first time* periodic TB screening is required for TWU clinicals or programs
      - Subsequent periodic screening is completion of TB Clearance Statement without chest x-ray unless student has symptoms that could indicate active TB
- Students with indeterminate / borderline TB blood test results
  - A second TB blood test may be obtained, provided immunization compliance deadlines are met
  - If the second test is again indeterminate or borderline, CXR and TB Clearance Statement is required
  - Students who do not have time to repeat the test due to compliance deadlines require CXR and TB Clearance Statement

<sup>1</sup> TWU Policy D.02.02 Student Tuberculosis Screening and Case Management <https://servicecenter.twu.edu/TDClient/KB/ArticleDet?ID=34896>

<sup>2</sup> Tuberculosis Chest Clearance Statement. Visit SHS Immunization Compliance for more information.

<sup>3</sup> <https://www.twu.edu/student-health-services/immunization-compliance/>