

Immunization Requirements for Physical Therapy 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 Xray.*

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 disease 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 – **Nursing Majors Only.**

Hepatitis C Testing – **Houston Nursing Majors and Dallas & Houston Physical Therapy Majors only.**

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

Student must sign for record to be complete:

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 Spring 2018

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Testing for Tuberculosis¹

All testing must take place in the United States at a licensed medical facility.

You are required to obtain a blood test (includes QuantiFERON or T-Spot) for TB screening if:

- *You have had a positive TB skin test in the past and have not taken antibiotics for it or you took antibiotics for less than a month
- *You were born or lived in a country with a high incidence of TB (includes Mexico and most countries in Central America, South America, Eastern Europe, Asia, and Africa)
- *You have had BCG (Bacille Calmette-Guerin) immunization
- *You have / had cancer, leukemia, diabetes, kidney disease, HIV / AIDS
- *You take an immunosuppressive medication such as prednisone
- *You have a history of drug or alcohol abuse
- *You have been told you have / had an atypical mycobacteria infection
- *You are an international student
- *You are an HB 1403 student

You may obtain a TB Skin Test (the only acceptable skin test for TB is the Mantoux test) if:

- *you do not meet any of the criteria listed for a blood test for TB (please review carefully)
- *you were born or lived in a country with a low incidence of TB (includes the United States, Canada, Europe, and Australia) *and* you have never had a positive TB skin test

You are required to obtain a Chest X-Ray and to complete a Statement of Tuberculosis Clearance² if:

- *you have a history of a positive TB skin test *and* took antibiotics for one month or more **and**
- *you have a positive or indeterminate / borderline TB blood test

NOTES on Chest X-Rays (CXR)

- *A new TWU student must submit a current CXR report that is within 365 days +/- 5 days from the first day of class
- *Returning TWU students needing yearly TB screening who have already submitted a CXR report will need to submit a completed Statement of Tuberculosis Clearance yearly; a yearly CXR is not required if the student is otherwise well

¹Please see TWU Board of Regents Policy 6.01 Student Tuberculosis Screening and Case Management <http://www.twu.edu/regents/policy-manual/policies/601/> for the complete TB policy.

²Please complete the appropriate form: New International and TEC 54.052 students should use **Statement of Tuberculosis Clearance: International Students (New and Transfer) and New TEC 54.052 Students** and all others should use **Statement of Tuberculosis Clearance**.