

**Immunization Requirements for Communication Science,  
Kinesiology, & Music Therapy Majors At TWU**

**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. Immunization records submitted without full dates 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 SHS 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 Flu Lot number. Optional for some clinical sites.

**TB Screening** – within past one year, TB Skin testing results *must include induration. After a positive TB Skin test you must have a TB Blood test prior to having a Chest XRay. Please read the information on the backside of this form carefully to ensure that you submit the appropriate test results for TB Screening.*

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

**Varicella 2 doses OR Varicella Positive Titer OR Proof of History of the disease** (Physician Documented) – must submit lab report for Titers.

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

\*\* 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).

## **Testing for Tuberculosis<sup>1</sup>**

**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 Clearance<sup>2</sup> 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

<sup>1</sup>Please 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.

<sup>2</sup> Please 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**.