



New Student Pre-Entrance Immunization Requirements and Instructions:

These requirements and instructions apply to ALL new students:

- As soon as possible, gather all necessary vaccination, TB screening, and titer documentation.
- Download the OHSU Immune Status Form from the Student Health & Wellness website.
- Fill in all required blank lines on the Immune Status Form.
- Return the form to Student Health.
- Make sure to send copies of documentation for all vaccinations, TB screening results, and required titer results with the Immune Status Form.

The Immune Status Form is due in alignment with your school's new student orientation deadlines. Once you have submitted your form and Student Health has processed it, you will be able to obtain your OHSU badge as long as all other orientation requirements have been met. Student Health cannot guarantee that immunization forms sent in after your school's new student orientation deadline will be processed in time to issue an OHSU badge by matriculation.

All required pre-entrance immunizations and titers must be completed before new student orientation. The Student Health & Wellness Center will **ONLY** be able to offer assistance with the Hepatitis B requirement for those who have already initiated the series and will only have a certain number of these appointments available. Students must establish with a Student Health provider in order to obtain these services. Your insurance will be billed for these services and students will be responsible for covering any fees not covered by their insurance. A fee of \$95 will be placed on accounts for those that have not completed the requirements 14 days after matriculation. A hold will be placed on accounts for those that have not completed the requirements 30 days after matriculation.

Frequently asked questions

Q: Where do I turn in my Immune Status Form?

A: Please be sure to keep a copy of the Immune Status Form for your own records.

Mail, fax, email or drop off your form to:

Student Health & Wellness Center, L587

3181 SW Sam Jackson Park Road

Portland, OR 97239

Fax: 503-494-2958

SHWcompliance@ohsu.edu

Q: What if I cannot find any of my records?

A: Try contacting your undergraduate school, pediatrician, or parent to see if there are any records available. If you cannot obtain documentation, titers can be obtained to check for immunity for most of the required vaccinations. As a Healthcare worker, you will need this information for the rest of your career.

Q: Where can I get vaccinations, titers, and tuberculosis screening done?

A: These services are available from a variety of community resources including your primary care provider, OHSU primary care providers, clinical pharmacists at your local pharmacy and Multnomah County Immunization Clinics. Please see a list of additional resource options on our website under forms: *Vaccine Resource List-Non Student Health Clinics*.

Q: What is a titer and why do I need it?

A: A titer is a blood test that can indicate immunity to a particular disease. For example, if you believe you have been immunized against Varicella but do not have the required documentation, a titer can show that you have immunity and are not susceptible to Varicella disease.

Q: Do I need to have a Hepatitis B antibody titer drawn?

A: All OHSU students are required to have completed the Hepatitis B vaccination series. However, **NOT** all students need a Hepatitis B antibody titer. Students who will have patient contact, primate contact, or exposure to human blood, tissue or cell lines are required to complete the Hepatitis B vaccination series **and** have a positive titer. Students enrolled in the following OHSU programs do **NOT** need a titer; Biomedical Informatics, Biostatistics, Computer Science and Engineering, Electrical

Q: I have a negative Hepatitis B titer. Now what?

A: You have several options if your titer is negative.

- Receive one booster dose of the Hepatitis B vaccine called Engerix-B and repeat the titer 1 to 2 months after the booster dose. Approximately 60-97% will have a positive Hepatitis B titer after one booster dose. Repeat the three Hepatitis B vaccine series of Engerix-B with the second and third doses administered at 1 and 6 months, respectively, after the first dose and repeat the titer 1 to 2 months after the final booster dose.
- Receive the two series vaccine called Heplisav-B with the second dose one month after the first dose and repeat the titer 1 to 2 months after the booster dose. .
- If your titer is positive, you are considered to have lifelong immunity.
- If your titer continues to be negative, you are considered a non-responder. We recommend you have further testing to rule out chronic Hepatitis B infection and to talk with a health care provider about being a non-responder. This is not a pre-entrance requirement and can be done at Student Health and Wellness Center, or with your Primary Care Provide. You should not get more than 6 total Hepatitis B doses in one lifetime.

Q: I have a negative titer for a non-Hepatitis B requirement. Now what?

A: A negative titer means you are likely not immune to that disease and may require additional vaccinations and a repeat titer. Please email SHWcompliance@ohsu.edu with any questions regarding your specific negative titer.

Q: TWO Tuberculosis skin tests (also called a two-step TST) are required within 12 months of matriculation. Why?

A: Two-step testing is useful for initial skin testing in adults who are going to be retested periodically. This two-step process reduces the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection. If you wish to decline this testing you need to discuss this choice with a Student Health provider per state regulations.

Q: Is the Polio vaccination series required?

A: Polio vaccine is not a required vaccination for matriculation. However, we strongly recommend you have completed your polio vaccination requirements.

Q: What happens if I do not submit my information by matriculation (the first day of class)?

A: In order to obtain your OHSU ID badge, submission of your Immune Status Form to the Student Health & Wellness Center is required before your first day of class. If you have not submitted your Immune Status Form, OHSU Parking and Transportation will be unable to issue your ID badge. Please allow 48 business hours for the Student Health and Wellness Center to update your records once the form has been submitted.

Q: What happens if I am not compliant with my immunizations?

A: A fee of \$95 will be placed on your account if you have not completed the requirements 14 days after matriculation. A hold will be placed on your account if you have not completed the requirements 30 days after matriculation. This hold will prevent you from registering for the next term.

Q: What if I haven't completed everything?

A: **All required pre-entrance immunizations, TB screening, and titers must be complete by matriculation.** Please note, Student Health cannot offer these pre-entrance requirements except for those in process with their Hepatitis B vaccination series. You must plan ahead to ensure all requirements are completed by the Immune Status Form due date. If you anticipate having any difficulty meeting these deadlines, please communicate with our office at SHWcompliance@ohsu.edu.

Q: What if I am in the process of completing my Hepatitis B vaccination series and titer draw?

A: Exceptions may be made for students in the process of completing their Hepatitis B series and obtaining a Hepatitis B antibody titer. Student Health has a limited number of appointments available to assist students in completing their Hepatitis B vaccination series and titer for those students who are already in process. Students must establish with a Student Health provider in order to obtain these services. Your insurance will be billed for these services and students will be responsible for covering any fees not covered by their insurance. If students fail to complete their subsequent Hepatitis B vaccinations and titer draw on time, the above mentioned 14 day fee and 30 day hold will apply.

Q: This seems like a lot of work. Why do I need it?

A: Our goal is to keep the students and patients safe from potential exposures to communicable diseases. We follow the recommendations of the CDC, Oregon state law, and the requirements of any of the facilities where you might train or work.

Q: I still have questions and/or concerns. Who should I contact?

A. Please reach out to the Student Health & Wellness Center at SHWcompliance@ohsu.edu for any questions and/or concerns you might have.



Oregon Health & Science University
Student Health & Wellness Center

IMMUNE STATUS FORM

Mail, Email or Fax to:
Student Health & Wellness Center, L587
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
FAX: 503.494.2958
SHWcompliance@ohsu.edu

*Name: _____ *U# _____

*DOB & Place: _____

Email address: _____
Email address that you would like communication about your compliance sent

OHSU program: _____
(Medical, Dental, Pharmacy, etc.)

Matriculation date: _____

REQUIRED IMMUNIZATIONS -Dates must include MM/DD/YYYY if available. Please write clearly and fill in all requirements, or we will be unable to process your form. If you have any questions, please email

SHWcompliance@ohsu.edu

Requirements still incomplete and not in process 2 weeks after matriculation will incur a \$95 fee.

Requirements still incomplete and not in process 4 weeks after matriculation will have a hold placed on the account.

*****By sending in this form, you agree to allow Student Health and Wellness Center to share compliance-only information with your academic program during the entirety of your academic schooling at OHSU.*****

Tetanus-Diphtheria-Pertussis- date of completion of your child hood DTP series AND one dose of Tdap received after your 11th birthday. If your last Tdap is more than 10 years old, provide date of booster TD or Tdap vaccine. **Copy Attached?**

	Vaccine	Date	
	Childhood series	/ /	<input type="checkbox"/>
	Tdap Vaccine (Adacel, Boostrix, etc.)	/ /	<input type="checkbox"/>
	Td Vaccine (if more than 10 years since last Tdap)	/ /	<input type="checkbox"/>

MMR (Measles, Mumps, Rubella) -2 doses of MMR vaccine or serologic proof of immunity for Measles, Mumps, and/or Rubella. Choose only one option. **Copy Attached?**

Option 1	Vaccine	Date	
MMR -2 doses of MMR vaccine	MMR Dose #1	/ /	<input type="checkbox"/>
	MMR Dose #2	/ /	<input type="checkbox"/>
Option 2			Serology Results
Positive serology -IgG, antibodies, titer <i>Copy of lab report required</i>	Measles	/ /	Qualitative Titer Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative
			Quantitative Titer Results _____ IU/ml
	Mumps	/ /	Qualitative Titer Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative
			Quantitative Titer Results _____ IU/ml
	Rubella	/ /	Qualitative Titer Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative
			Quantitative Titer Results _____ IU/ml

Varicella (Chicken Pox) – 2 doses of vaccine OR positive serology. **Copy Attached?**

Option 1	Vaccine	Date	
	Varicella Dose #1	/ /	<input type="checkbox"/>
	Varicella Dose #2	/ /	<input type="checkbox"/>
Option 2			Serology Results
Varicella titer		/ /	Qualitative Titer Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative
			Quantitative Titer Results _____ IU/ml

Hepatitis B- 3 doses of Energix, Recombivax, or Twinrix, OR 2 doses of Heplisav-B and a positive Hepatitis B Surface Antibody (titer) if you answer yes to the below. If no patient/animal exposure, vaccine required, but titer not needed.							
In your role at OHSU, will you have direct patient contact, or are you expected to handle human or primate blood or body fluids, or sharps/instruments contaminated with human or primate blood or body fluids?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Hepatitis B Series Heplisav-B only requires two doses followed by antibody testing <i>Copy of lab report is required</i>	3-dose series (Energix-B, Recombivax, Twinrix) 2-dose series (Heplisav-B)	3 Dose Series	2 Dose Series	Copy Attached?			
	Hepatitis B Dose #1	/ /	/ /	<input type="checkbox"/>			
	Hepatitis B Dose #2	/ /	/ /	<input type="checkbox"/>			
	Hepatitis B Dose #3	/ /		<input type="checkbox"/>			
	Hepatitis B Surface Antibody (only required for students with direct patient or animal contact)	/ /	<table border="1"> <tr> <td>Qualitative Titer Results</td> <td> <input type="checkbox"/> Positive <input type="checkbox"/> Negative </td> </tr> <tr> <td>Quantitative Titer Results</td> <td>_____ IU/ml</td> </tr> </table>	Qualitative Titer Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Quantitative Titer Results	_____ IU/ml
Qualitative Titer Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative						
Quantitative Titer Results	_____ IU/ml						
If titer is negative, you can either get a booster dose and repeat titer in 4-8 weeks, or repeat entire series and get a titer 4-8 weeks after the last dose. (See FAQ for additional information.)				Copy Attached?			
Secondary Hepatitis B Series Only if NO response to primary series Heplisav-B only requires two doses of vaccine followed by antibody antibody testing		3 Dose Series	2 Dose Series				
	Hepatitis B Dose #4	/ /	/ /	<input type="checkbox"/>			
	Hepatitis B Dose #5	/ /	/ /	<input type="checkbox"/>			
	Hepatitis B Dose #6	/ /		<input type="checkbox"/>			
	Hepatitis B Surface Antibody	/ /	<table border="1"> <tr> <td>Qualitative Titer Results</td> <td> <input type="checkbox"/> Positive <input type="checkbox"/> Negative </td> </tr> <tr> <td>Quantitative Titer Results</td> <td>_____ IU/ml</td> </tr> </table>	Qualitative Titer Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Quantitative Titer Results	_____ IU/ml
Qualitative Titer Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative						
Quantitative Titer Results	_____ IU/ml						
Tuberculosis Screening- Results of last 2 TST (PPDs) or 1 IGRA blood test completed within 12 months prior to matriculation are required. If you have a history of a positive TST (PPD) >10mm or IGRA, please supply information regarding evaluation or treatment below. You only need to completed ONE section				Copy Attached?			
Section A		Date Read	Result				
Negative Skin or Blood Test History QuantiFeron blood test is recommended for students with a history of BCG vaccination	TST #1	/ /	<input type="checkbox"/> Negative <input type="checkbox"/> Positive _____ mm if known	<input type="checkbox"/>			
	TST #2	/ /	<input type="checkbox"/> Negative <input type="checkbox"/> Positive _____ mm if known	<input type="checkbox"/>			
	QuantiFERON TB Gold or T-Spot	/ /	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	<input type="checkbox"/>			
	<i>Copy of lab report is required</i>						
Section B		Date					
History of Latent Tuberculosis, Positive Skin Test, or Positive Blood Test	Date of Diagnosis	/ /		<input type="checkbox"/>			
	Date of Treatment Completed	/ /		<input type="checkbox"/>			
	Date of Last Annual TB Symptom Questionnaire	/ /		<input type="checkbox"/>			
	Chest X-Ray within 12 months prior to matriculation	/ /		<input type="checkbox"/>			
<i>Copy of chest x-ray is required</i>							