



Medical Health Administration

Division of Infectious Diseases and International Medicine

DATE: March 15, 2009
TO: Medical and Physical Therapy Students Entering the University of South Florida College of Medicine Programs, **Academic Year 2009/2010**
FROM: Linda R. Lennerth, RN, MSN Assoc. Director, Medical Health Administration
SUBJECT: Communicable Disease Prevention Certification & Physical Examination Verification Forms

Prior to beginning training at the University of South Florida and its affiliated institutions, you must complete and return the attached Communicable Disease Prevention Certification Form and supportive documentation by July 17, 2009. The Physical Examination Verification Form must be completed and signed by your Healthcare Provider prior to submitting. Patient contact will not be permitted until the forms and documentation are complete.

If you have a history of a Positive TB skin test in the past, you must submit a completed copy of a **Screening Questionnaire** along with a Negative **Chest X-ray** report completed within 12 months of your start date at USF. A Questionnaire can be found and downloaded from the USF Medical Health Administration website at: <http://hsc.usf.edu/medicine/internalmedicine/infectious/medicalhealthadmin/index.htm>

The College of Medicine recently added a requirement for evidence of **Pertussis** immunization for all incoming students. A combination tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) **Adacel™** vaccine was licensed in June, 2005 for use in persons aged 11-64 years and (Tdap) **BOOSTRIX®** vaccine was licensed in December, 2008 for use in persons aged 10-64 years as a single dose booster vaccination (ie. to be given in place of **one** tetanus diphtheria (Td) booster for adolescents and adults). Please note that the Advisory Committee on Immunization Practices (ACIP) recommends at least a **2 year interval** between the last tetanus/diphtheria (Td) booster and Tdap to reduce the risk of reactions following vaccination. If you have received a Td booster within the last 2 years, Tdap should be postponed at this time and you will need to provide documentation of the date you received the Tetanus/diphtheria (Td) booster. At the end of the 2 year period, you will need to obtain a Tdap booster and provide documentation upon completion.

In order to register for classes, USF requires all incoming students to either submit evidence of Meningitis immunization **or** a signed declination form. The immunization is required **ONLY** if you will be living in student housing. If you decide to decline the vaccination, you must print off a copy of the USF Student Health Immunization form available at <http://www.shs.usf.edu/userfiles/files/ImmHlthForm.pdf>, sign Block B, #4 and attach it to the Communicable Disease Prevention Certification Form. If you do not submit this documentation, you **will be blocked** from registering for classes.

Annual Influenza vaccination and Tuberculin Skin Testing (TST/PPD) will be required during your training and will be provided for you at no cost through the USF College of Medicine and/or our Medical Affiliates.

The completed Communicable Disease Prevention Certification form along with the required, supportive documentation specified should be mailed or faxed to:

**Linda Lennerth, RN, MSN, Medical/Health Administration, USF College of Medicine, MDC Box 19
12901 Bruce B. Downs Blvd. Tampa, FL 33612-4799 Fax: 813-974-3415**

The University of South Florida College of Medicine is unable to provide the vaccines and laboratory titers required for starting your training program. These Immunizations and/or laboratory tests must be completed prior to beginning your program. If you are not able to receive certain immunizations ie. they are contraindicated, please contact us directly to discuss your situation. All required vaccines are readily available through your local Health Department.

If you have any questions regarding the communicable disease prevention certification process, please contact us by email, phone or fax:

Phone: **(813) 974-3163**
Email: llennert@health.usf.edu or gtaylor@health.usf.edu
Fax: **(813) 974-3415**



**Communicable Disease Prevention Certification:
 Medical and Physical Therapy Students**

Prior to beginning training at the University of South Florida and its affiliated institutions, this form **must** be completed and submitted with **all required documentation attached by July 17, 2009**. Patient contact will not be permitted until the form and documentation are complete. **All documentation must be in English.**

PRINTED NAME: _____ DATE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): _____ EMAIL: _____

DATE OF BIRTH: ___/___/___ USF STUDENT NUMBER: _____ (ex. UXXXXXXXX)

COMPLETE ITEMS A-H

A. TUBERCULOSIS: Documentation of a Tuberculin Skin Test (TST/ PPD) within **6 months** of visit to USF. Individuals with a history of a positive TST/PPD skin test must submit documentation of a negative chest x-ray within **12 Months** of visit to USF **and** a current screening questionnaire for signs/symptoms of TB (see memo).

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
TST/PPD (within past 6 months)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Skin Test Documentation Copy Radiology Report Copy Completed Questionnaire Copy
If POSITIVE: TST/PPD, CXR (within past 12 months)		___/___/___	
And Current Screening Questionnaire		___/___/___	
History of INH for treatment of Latent TB Infection: From		___/___/___ To ___/___/___	
Received BCG vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	___/___/___	

B. RUBELLA (German Measles): Serologic documentation of a positive Rubella immune titer **OR** immunization with at least **one dose of live** Rubella or MMR vaccine after 12 months of age.

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Rubella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or One live Rubella or MMR vaccine after 1/1/80		___/___/___	Vaccine Documentation Copy

C. RUBEOLA: (10 Day Measles): Serologic documentation of a positive Rubeola immune titer **OR** immunization with **two doses of live** Rubeola or MMR vaccine administered after 12 months of age and separated by 28 days or more.

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Rubeola Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or Two live Rubeola or Two MMR vaccines after 1/1/80		___/___/___ ___/___/___	Vaccine Documentation Copy

D. MUMPS: Serologic documentation of a positive Mumps immune titer **OR** immunization with at least **two doses of live** Mumps or MMR vaccine after 12 month of age.

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Mumps Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or Two live Mumps or Two MMR vaccines after 1/1/80		___/___/___ ___/___/___	Vaccine Documentation Copy

E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer **OR** two Varicella immunizations (given 4 to 8 weeks apart). This requirement is satisfied only by a positive titer or the vaccine series.

**** A history of chicken pox does NOT satisfy this requirement ****

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Varicella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or Varicella vaccine series		#1 ___/___/___ #2 ___/___/___	Vaccine Documentation Copy



**Communicable Disease Prevention Certification:
 Medical and Physical Therapy Students (page 2)**

F. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap): Documentation of a Tetanus/diphtheria/acellular pertussis booster. **Tdap (Adacel™)** vaccine was licensed in June, 2005 for use in persons aged 11-64 years and **Tdap (BOOSTRIX®)** vaccine was licensed in December, 2008 for use in persons aged 10-64 years as a single dose booster vaccination (ie. to be given in place of **one** tetanus diphtheria (Td) booster for adolescents and adults).
Note: a 2 year interval between Td (tetanus/diphtheria booster) and Tdap is suggested to reduce the risk of reactions following vaccination. If you have received a Td booster within the past 2 years, provide documentation of the Td Booster at this time and at the end of the 2 year period, you will need to obtain a Tdap booster and provide documentation upon completion.

	<u>Date</u>	<u>Required Documentation</u>
Tdap (Adacel™ or BOOSTRIX®) vaccine	___/___/___	Vaccine Documentation Copy
Or Ineligible for Tdap vaccine as Tetanus/diphtheria (Td) vaccine was received within last 2 years	___/___/___	Vaccine Documentation Copy

G. HEPATITIS B: Serologic documentation of a Positive (**Quantitative**) **Hepatitis B surface antibody titer** following completion of the Hepatitis B vaccination series of 3 injections. You must provide documentation of the Vaccine series **AND** the Positive Antibody Titer to meet this requirement.

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Hepatitis B Surface Antibody Titer (IgG) (Quantitative)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
AND Hepatitis B vaccine series	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___		Vaccine Documentation Copy

H. MENINGITIS: Documentation of immunization with **one dose** of Meningitis vaccine **OR** a completed and signed USF Student Health Services Immunization Health History Form (Block B #4, checkbox, signature) declining receipt of the Meningitis vaccine. The form is available at <http://www.shs.usf.edu/userfiles/files/ImmHlthForm.pdf>
 (**Note: Vaccination required only if living in USF Housing.)

	<u>Date:</u>	<u>Required Documentation</u>
Meningitis vaccine (**Required if living in USF Housing)	___/___/___	Vaccine Documentation Copy
Or Completed and signed USF SHS Immunization Health History Form (Block B #4, checkbox and signature)	___/___/___	USF SHS Immunization Health History Form

**** Annual Tuberculin Skin Testing (TST) will be required during your entire program. Individuals with negative skin tests on admission will be offered the annual TST at no cost through the Medical Health Administration office or from our clinical affiliates. Individuals with a history of a positive skin test must complete a screening questionnaire annually in lieu of the skin testing.**

**** Influenza Vaccination will be required each year. This vaccine will be provided for you at no cost beginning in October of each year through the USF Medical Clinic/Medical Health Administration office or from our clinical affiliates.**

Note: Several affiliated hospitals require drug and alcohol screening with and without advanced notice.

Please return completed form and supportive documents to:

Linda R. Lennert, RN, MSN, Assoc. Director **OR** Gina M. Taylor, LPN, Administrative Assistant
 Medical Health Administration - Employee/Student Health & Wellness
 USF College of Medicine, MDC 19
 12901 Bruce B. Downs Blvd.
 Tampa, FL 33612-4799

Phone: 813-974-3163
 FAX: 813-974-3415
 Email: llennert@health.usf.edu OR gtaylor@health.usf.edu



PHYSICAL EXAMINATION VERIFICATION

To be completed by student (please print)

LAST NAME FIRST NAME MIDDLE NAME

USF STUDENT NUMBER (UXXXXXXXX) BIRTHDATE (mm/dd/year)

Do you have any health problems or concerns of which USF Student Health Services should be aware?
 Yes No

If you wish to receive care for the above problems or concerns at USF Student Health services, it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary.

Student Signature Date

To be completed by physician

A thorough history and physical examination were completed on the above named individual, with the following results:

- All findings were within normal limits
- Follow-up care is required; patient was advised

Comments: _____

Physician Signature Printed Name Date

Facility Name (please print) office phone number

Address

Address

Please return completed form to:

Linda R. Lennerth, RN, MSN, Assoc. Director OR Gina M. Taylor, LPN, Administrative Assistant
Medical Health Administration - Employee/Student Health & Wellness
USF College of Medicine, MDC 19
12901 Bruce B. Downs Blvd.
Tampa, FL 33612-4799

Phone: 813-974-3163
FAX: 813-974-3415
Email: llenert@health.usf.edu OR gtaylor@health.usf.edu