

IMMUNIZATIONS AND HEALTH MAINTENANCE POLICY

All students **MUST** be up to date with all immunizations and health maintenance requirements. **Failure to comply will result in the inability to begin the program or participate in the experiential learning components of the program which start in the didactic year. If unable to participate, students will receive an incomplete in the class and be unable to progress in the program, and thus will be dismissed. Students must keep up to date on annual requirements in order to continue in the program and for the clerkship experiences. Failure to keep up to date may delay graduation or result in dismissal from the program. Please note, some immunization requirements change and the program will provide timely updates of the necessary requirements.**

*****Disclosure of Medical Information Release form must be signed and on file with Castle Branch.**

IMMUNIZATIONS AND HEALTH MAINTENANCE POLICY REQUIREMENTS:

The Students are required to provide proof of their up-to-date immunizations, titers, and annual health maintenance assessments for all of the following:

1. Titer Requirements: (Hard copy of titers required)
 - Hepatitis B
 - Varicella* (If applicable – see Varivax below)
 - MMR* (If applicable – see MMR below)
2. Immunization Requirements:
 - COVID-19
 - **MUST** be fully vaccinated (2 weeks after last dose of the series)
 - Booster should be obtained after 8 months from the last dose of the series
 - Adult Tdap
 - **MUST** have received 1 dose of Tdap in adult life. If Tdap not previously received as an adult – must obtain Tdap, regardless of date of last Td booster. Thereafter, Td every 10 years.
 - Td
 - **IF** Adult Tdap \geq 10 years ago
 - Polio Series
 - Measles, Mumps, Rubella Series
 - Immunization record must show: 2 doses of Measles, Mumps, Rubella (MMR) vaccinations after 1 year of age, given at least 1 month apart.

- State Immunization Registry is also accepted.
- If unable to provide documented immunization record/registry, a Measles, Mumps, and Rubella titer is required.
- Hepatitis A Series
- Hepatitis B Series
- Varivax
 - Two (2) doses required.
 - If you have not had 2 doses of vaccine, you must obtain a titer.
 - History of the disease is not accepted as proof of immunity.

For individuals known to have an elevated susceptibility to infections (including, but not limited to, persons with anatomic or functional asplenia, persistent complement component deficiencies, or HIV), see the CDC's recommendations for **Immunization of Health-Care Personnel/Recommendations of the Advisory Committee on Immunization Practices (ACIP)** for additional detailed immunization recommendations.

3. Annual Requirements:

- TB Test Requirements:
 - Students are required to have a TB test **ANNUALLY** and provide the PA Studies Department with a hard copy of the results.
 - If the Quantiferon Gold or Mantoux skin TB Test is Positive, you must provide the date the test was positive and a negative chest x-ray report. Thereafter an **ANNUAL** Periodic Health Assessment Form must be completed, signed by a health care provider, and forwarded to the Department of Physician Assistant Studies for your file.
- Annual Physical Examination
 - A Required Annual Physical Screening Form must be completed, signed by a health care provider and uploaded to Certified Background by the published due dates. Failure to comply with the deadlines will result in discontinuation of your clinical rotation.
- Annual Influenza Vaccination
 - To ensure adequate immune response to the

vaccine prior to a community outbreak,
seasonal influenza immunizations:

- **MUST** be received between **September 1st and November 15th**. This must be obtained **ANNUALLY**.) Documentation of receiving the influenza vaccination must be forwarded to the Department of Physician Assistant Studies for your file.

Students must check Exxat for annual TB and Annual Physical due date alerts.

4. 10 Panel Drug Screen
 - Required prior to the start of clinical year rotations.
5. Students may need to complete additional site-specific requirements as determined by clinical sites, and if applicable, the student will be individually instructed on requirements.

Note: Students are responsible for the above associated costs.

I understand my acceptance to the Marquette Physician Assistant Studies Program is contingent upon my full compliance with the above health and immunization requirements. I will create a Castle Branch account to upload my documentation of proof of immunizations and health screening.

Name (printed)

Date

Signature

Date

**Please email the signed form back to Lori.Kazaks@marquette.edu