Dear Student:

Welcome to WesternU! A complete health history, physical examination, serum blood titers, Tuberculosis clearance, immunization records (since childhood), a Tdap vaccine and completion of all the attached forms is required **prior to being cleared for registration** at Western University of Health Sciences (WesternU).

The completed items in this health clearance packet are due no later than 30 days before class registration opens (please visit https://www.westernu.edu/registrar/registrar-about/registration-information/ to check your registration dates).

Please submit completed health clearance requirements to:

For questions or issues with this platform, call CastleBranch support at **888 723-4263.**

Instructions to register with CastleBranch can be found here.

Please note that it will take at least 10-business days to process your health clearance documents and to release the hold that prevents you from registering for your classes. All documents are processed on a first come, first served basis.

You only need to contact the Student-Employee Health Office (SEHO) at 909-706-3830, if you have not received an email from us at least 10 business days or more after you have submitted *all* your health clearance documents in CastleBranch.

HEALTH CLEARANCE "TO DO" LIST

This To Do list will help you complete the Health Clearance Requirements that must be submitted and approved prior to registration. Once all supporting documents and completed forms have been obtained, upload them into your Castle Branch account.

Health Clearance "To Do" List Items (Additional information is provided within this packet, please ensure you read closely so you are completing and submitting the correct items otherwise your approval may be delayed)	**Upload to CastleBranch**
STEP 1: ☐ **Form A Student Information**: to be completed, signed, and dated by student. ☐ **Form B Health Clearance by Healthcare Provider:** Fill out form and have it signed by your HCP	
STEP 2: Have your Healthcare Provider Order the following titers: ☐ Hepatitis B (HbsAb, QN) [Only a QUANTITATIVE result will be accepted for this titer] **The following titers can be either Qualitative or Quantitative:** ☐ Measles (Measles AB, IgG, EIA) ☐ Mumps (Mumps AB, IgG) ☐ Rubella (MMR AB, IgG) ☐ Varicella (Varicella AB, IgG)	
STEP 3: Form C Tuberculosis Clearance must be **one** of the following: ○ If you have not had a TB (PPD) skin test completed within the past year, then 2 separate TB (PPD) skin tests (at least 7 days apart) are required. No TB Symptoms Health Screening Checklist form is required if this is submitted. ○ **IGRA blood test** (e.g., Quantiferon or T-spot) is preferred if you have had a BCG vaccine in the past. Must submit lab report and completed TB Symptoms Health Screening Checklist form, signed/dated by your Healthcare Provider. ○ **Chest x-ray**: required ***only*** if you have history of **positive** TB skin test or **positive** IGRA test. Must submit chest x-ray radiology report and completed TB Symptoms Checklist form, signed/dated by your Healthcare Provider. **Please provide documentation of positive skin test or positive IGRA test result**. ☐ **TB Symptoms Checklist Form – Required if submitting IGRA or Chest x-ray.**	
☐ **STEP 4: A Tdap vaccine** obtained within the last 10 years. TD or Dtap will **not be accepted.**	
☐ **STEP 5:** Upload all **immunizations/vaccination records** from your healthcare provider's office, high school or previous university.	
☐ **Veterinary Medicine Students Only: Rabies Vaccination:** Provide proof of having received the pre-exposure series of rabies immunization or agree to complete the rabies vaccinations as part of the University matriculation process no later than September 30th of the current year.	
☐ **STEP 6: Annual Health Requirements Attestation:** student to complete, sign and date	
☐ **STEP 7: Authorization for Release of Communicable Disease Clearance Information to Clinical Rotation Sites:** student to complete, sign and date	
☐ **STEP 8: Authorization for Release of Student Health Clearance Documents:** student to complete, sign and date.	

Form A: Student Information

This section to be completed by the student. Please use ink and print clearly.

Name_____ **Date of Birth** _____
Last First Middle

WesternU Student ID# @ _____ **Anticipated Year of Graduation**: 20 _____

Program (circle the college you will be entering) :

◯ **COMP CA (California)**	◯ **College of Health Sciences: PA**	◯ **College of Optometry**
◯ **COMP NW (Oregon)**	◯ **College of Health Sciences: PT CA (California)**	◯ **College of Pharmacy**
◯ **College of Dentistry**	◯ **College of Health Sciences: PT NW (Oregon)**	◯ **Int'l Pharmacy (PIP)**
◯ **Int'l Dental Program (IDP)**	◯ **College of Health Sciences: MSMS**	◯ **College of Podiatric Medicine**
◯ **College of Graduate Nursing**	◯ **College of Veterinary Medicine**	

Current Address:_____
Street Address

_____
City State/Country Zip/Province Code

Telephone Number:_____

WesternU Email: _____@westernu.edu

Person to notify in case of an emergency/accident:

Name: _____ **Relationship:** _____
Last First Middle Initial

Address: _____
Street Address

_____
City State/Country Zip/Province Code

Telephone:_____**Cell:** _____
(Please include country code if telephone numbers are outside of the United States)

Email: _____

Signature of Student _____ **Date Signed** _____

Form B: Health Clearance by Healthcare Provider

This section to be completed by a DO, MD, NP, or PA only.

Student Name:_____ WesternU Student ID# @ _____

Dear Healthcare Provider:

To enter and to complete WesternU's health sciences program, students must be able to meet the emotional and physical requirements of the college, university, academic programs, and the agencies in which students are placed for clinical experiences. If accommodations are required for a student to meet these requirements, the student and faculty are to work with *Center for Disability and Health Policy (CDHP)* to determine what accommodations would be reasonable in a clinical setting.

Emotional Requirements: The academic load and the necessity of performing in real patient situations while being observed by instructors and other health care personnel can cause significant stress for some students. Therefore, the student must have sufficient emotional stability to perform under very stressful situations.

Physical Requirements: To participate in clinical rotations, students are required to travel to various healthcare agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program.

The following physical requirements are necessary to participate in the clinical application:

1. ***Strength:*** Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.
2. ***Mobility:*** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility, and coordination to assist patients; ability to move around physically and adequately in confined spaces (patient rooms, bathrooms, treatment settings, around patient equipment, etc.). Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other healthcare delivery duties.
3. ***Fine Motor Movements:*** Necessary to manipulate syringes and IVs; to assist patients with activities of daily living; to write appropriate notations; to document in health record; to safely perform sterile procedures and other skilled procedures.
4. ***Speech:*** Ability to speak clearly to communicate with staff, physicians, and patients; need to be understood on the telephone.
5. ***Vision:*** Visualize patients to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, etc.
6. ***Hearing:*** Hear and see patients, monitor signs and symptoms, hear alarms, patient voices, call lights, and assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.
7. ***Touch:*** Ability to palpate both superficially and deeply and to discriminate tactile sensations.

Date of Physical Exam: _____ **(needs to be no more than 6 months old from the date you will begin classes)**

"I have seen the above-named student and completed a screening history and physical exam. The student does not present with apparent clinical contraindications to the daily activities required in an educational or clinical setting. The student is able to meet all of the essential duties for clinical requirements as described above. This screening physical does not substitute for ongoing clinical care and monitoring."

*Recommendations for further evaluation*_____

*Recommended restrictions*_____

Health Care Provider Printed Name:_____

Healthcare Provider's Signature & Date:_____

(Only MD, DO, NP, PA are accepted)

Required Serum Blood Titers

Once completed, you will upload these to CastleBranch.

1. Hepatitis B Surf Ab, Quantitative QN] Only a *QUANTITATIVE* titer result will be accepted.

- Titer result shows Immune—no additional vaccine necessary

Titer results shows Non-Immune/low immunity—If you **only** completed the 1st Hep B vaccine series, then you are required to restart a 2nd Hepatitis B vaccine series.

**NOTE: If you need to be revaccinated, you can go ahead and submit your documents as soon as you have received the 1st Hepatitis B vaccine. If you have received two complete Hepatitis B series and the titer still shows no immunity, then you must provide proof of two complete vaccination series before you can be declared a Hepatitis B non-converter. Once declared a non-converter, you will *not* be required to receive any more Hepatitis B vaccines.

***If you are a known <u>Hepatitis B carrier</u>,** you are required to have the additional blood tests listed below and the results must be included in the health clearance documents you upload to your Castle Branch account.

- Hepatitis B Surface Ag
- Hepatitis B core Ab
- Hepatitis Be Ag

2. Measles, Mumps and Rubella (MMR)

a. Measles (Rubeola) AB, IgG, EIA

b. Mumps Antibodies, IgG

c. Rubella Antibodies, IgG

- Titer results are Positive/Reactive—no additional vaccine necessary.
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you **have** documentation showing you received 2 MMR vaccines—**1 MMR vaccine is recommended, but not required.**
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you **have** documentation showing you only received 1 MMR vaccine—**1 MMR vaccine is required.**
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you ***<u>do not</u>*** have documentation showing you received 2 MMR vaccines—**2 MMR vaccines required at least 30 days apart.**

3. Varicella IgG AB

- Titer results are Positive/Reactive—no additional vaccine necessary.
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you **have** documentation showing you received 2 Varicella vaccines—**1 Varicella vaccine is recommended, but not required.**
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you **have** documentation showing you received 1 Varicella vaccine—**1 Varicella vaccine is required.**
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you ***<u>do not</u>*** have documentation showing you received 2 Varicella vaccines—**2 Varicella vaccines required at least 30 days apart.**

NOTE: The Student-Employee Health Office (SEHO) can provide you with a serum blood titers order/referral if you prefer to obtain the blood draw at any independent lab facilities (e.g., LabCorp, Quest Lab), other than your healthcare provider's office. You may request the order by emailing us at stu-emphealth@westernu.edu.

- **Serum blood titers are NOT the same as vaccinations/immunizations.**
- **Serum blood titers cannot be more than 1 year-old from the start of matriculation.**
- **You must submit the <u>actual laboratory reports</u> for the above serum blood titers. Please ensure that reference range are indicated on the <u>quantitative</u> results.**

Form C: Tuberculosis Clearance

Name _____ **WesternU Student ID#:** _____
Last First Middle

1. ***No history*** of positive TB skin test or IGRA must submit **one** of the following:

☐ **TB PPD skin test.** If you have not had a TB (PPD) skin test completed within the past year, then 2 separate TB (PPD) skin tests *at least* 7 days apart from the 1st PPD being administered is required.

- Upload this completed page to CastleBranch.
- You do not need to submit the TB Symptoms Checklist.

Date 1st PPD Placed:_____ Date 1st PPD Read:_____
Results of 1st PPD:_____mm Nurse Signature _____
Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Date 2nd PPD Placed:_____ Date 2nd PPD Read:_____
Results of 1st PPD:_____mm Nurse Signature _____
Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Having a history of receiving the BCG vaccine alone is not acceptable as a positive PPD history *unless* a skin test has been given and the result was 10mm or greater.

☐ **IGRA (e.g., Quantiferon or T-spot)**

- This is the preferred test if history of receiving BCG vaccine.
- Must not be more than 6 months from the first day of matriculation.
- Must submit to CastleBranch:
  - IGRA lab results
  - Completed TB Symptoms checklist form.
- Note: **This test is valid for 4 years at WesternU**

2. ***Positive history*** of TB skin test and/or IGRA must submit:

- Chest x-ray/radiology report
- *Must not be more than 6 months from the first day of matriculation*.
- Must submit to CastleBranch:
  - Chest x-ray radiology report,
  - Completed TB Symptoms checklist form, and
  - Documentation of previous positive TB skin test and/or IGRA results.
- Note: **This test is valid for 4 years at WesternU**

Prior history of active pulmonary TB: a licensed *physician* must provide a signed, written report that *must* show you have completed, or are in the process of completing, all required therapy. The report *must* include the name of the medications, dosages, frequency of administration, and total doses received. If you have *completed the therapy*, the report *must* state this fact, including the date the treatment was completed. If your treatment is *still in process*, the report *must* state when it is expected to be completed. Additionally, a chest x-ray report is required for admission clearance. You must provide a copy of the actual radiology report and it *cannot* be more than 6-months old if: 1) you have completed the treatment and/or, 2) from the day you start class.

History of BCG vaccination: prior BCG vaccination is NOT a contraindication to either PPD or IGRA. IGRA test is preferred if you have received a BCG vaccine in the past.

TB Symptoms Checklist Form

This form only applies to those required to have a chest x-ray of have had an IGRA (Quantiferon) test.

Student/Employee ID @_____ Grad. Year: 20 _____

Name	DOB
Address	Phone:
City/State/Zip	

Date of last PPD _____ PPD Results _____ MM

Date of IGRA (e.g., Quantiferon/T-Spot) test: _____ Results): ◯ Negative ◯ Positive

Date of Last Chest X-Ray:_____ Results: ◯ Positive for TB ◯ Negative for TB

1. Have you ever been told you have active tuberculosis? ◯ Yes ◯ No

2. Have you ever taken Isoniazid (INH) or Rifampin (RIF)? ◯ Yes ◯ No

3. Date and duration of medication regime _____ (months)

4. Have you ever had BCG Vaccination? Yes No If yes, when? _____
(If you have had the BCG vaccination, it is preferred that you obtain an IGRA [e.g., Quantiferon or T-spot test])

5. During the past year have you noticed (select your answer):

◯ Yes	◯ No	Unexplained weight loss?
◯ Yes	◯ No	Decrease in your appetite?
◯ Yes	◯ No	Cough not associated with cold or flu?
◯ Yes	◯ No	Increase in AMOUNT of Sputum?
◯ Yes	◯ No	Change in COLOR of Sputum?
◯ Yes	◯ No	Change in CONSISTENCY of Sputum?
◯ Yes	◯ No	Blood-Streaked Sputum?
◯ Yes	◯ No	Night sweats?
◯ Yes	◯ No	Unexplained low grade fever?
◯ Yes	◯ No	Unusual tiredness or fatigue?
◯ Yes	◯ No	Swelling of lymph nodes?
◯ Yes	◯ No	Have you had contact with a family member or partner who has been diagnosed with tuberculosis?
◯ Yes	◯ No	Have you or a member of your family been exposed to someone who is immune compromised?

Explain any "Yes" answers above: _____

List any on-going medical problem _____

_____ _____

Signature of Person Completing this form **Date**

- Plan of care, if indicated: _____

Signature of Reviewer: _____ **Date** _____

_____ No further action needed _____ Chest X-Ray Requested _____ Further Evaluation Needed

Must be reviewed by licensed healthcare provider if any "yes" answers

Annual Health Requirements Attestation

I, _____ WesternU ID#: @ _____ understand that:
(Printed Name of Student)

I will not receive any notices from the Student-Employee Health Office (SEHO) on these annual health clearance requirements, therefore it is my responsibility to remember to:

Tuberculosis Clearance

Renew my Tuberculosis clearance each year before it expires.

- If my PPD skin test does expire, I will be required to complete 2 separate PPD skin tests, 7-days apart in order to be in compliance with the TB clearance protocol.
- I understand that if my TB clearance was completed by chest x-ray or IGRA serum blood test, I must complete a TB symptoms checklist and submit it to the Student Health Office via my CastleBranch account on a yearly basis.

Annual Influenza Vaccination

Obtain and submit proof of receiving the yearly Influenza vaccination ***no later than November 30th of each year*** to the SEHO via my CastleBranch account.

- I am also aware the only exception to this mandatory vaccination requirement is if there is a medical contraindication and that a healthcare providers dated and signed note attesting to this fact must be provided to SEHO via my CastleBranch account before the date noted above.

If I fail to comply with the above annual health clearance requirements:

Hold Placed on Student Account

I am aware ***I will not*** be notified of a hold placed on my student account if my health clearance requirements are not up to date.

- I also understand the hold will not be removed until I have submitted any outstanding items to SEHO via my Castle Branch account and they have been accepted.
- I understand that having a hold on my student account means ***I will not*** be able to register for classes or obtain financial aid until the hold is cleared.

By signing this attestation, I certify that I am fully aware of these health clearance requirements and agree to comply with same.

Student Signature: _____ Date: _____

Authorization for Release of Communicable Disease Clearance Information to Clinical Rotation Sites

I, _____, WesternU ID#: @_____ hereby authorize:

(Printed Name of Student)

Western University of Health Sciences
Student Health Office
100 W. Second St, Room 219
Pomona CA, 91766-1700

to release to the extent permitted by law, the following medical information that Western University of Health Sciences (WesternU) now has in its possession, or that it may create or receive from any third party in the future: Immunization information (including titer results); Tuberculosis clearance; History and Physical Exam report to any of the clinical rotation site(s) that I am or will be assigned to as a student of WesternU and any additional health clearance requirements that a clinical rotation site may require. I understand that this information must be provided, if requested, to prove to a clinical rotation site that I meet all communicable disease clearance requirements as required. I also understand that if I do not allow this information to be provided to the various clinical rotation sites, a clinical rotation site can refuse to allow me to rotate through its facility. I am also acknowledging that if I cannot complete the clinical rotations required for my degree and/or licensure because of my refusal to authorize the release of my communicable disease clearance information to the clinical rotation sites, I agree to hold WesternU harmless to the extent permitted by law. I also am aware that this Authorization will remain in effect for the duration of my time as a student at WesternU and will expire on the date of my graduation from the University.

By signing this Authorization, I agree with all the provisions stated in this Authorization for the release of the specified information and continued health clearance requirements.

Student Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF STUDENT HEALTH CLEARANCE DOCUMENTS

College (please select the college you will be entering):

◯ **COMP CA (California)**	◯ **College of Health Sciences: PA**	◯ **College of Optometry**
◯ **COMP NW (Oregon)**	◯ **College of Health Sciences: PT CA (California)**	◯ **College of Pharmacy**
◯ **College of Dentistry**	◯ **College of Health Sciences: PT NW (Oregon)**	◯ **Int'l Pharmacy (PIP)**
◯ **Int'l Dental Program (IDP)**	◯ **College of Health Sciences: MSMS**	◯ **College of Podiatric Medicine**
◯ **College of Graduate Nursing**	◯ **College of Veterinary Medicine**	

Student ID # @ _____ **Grad Year 20 _____**

Name	DOB
Address	Phone
City/State/Zip	

I hereby request and authorize that the **Student-Employee Health Office** email my Health Clearance Records to my **WesternU email address** of:_____@westernu.edu or to

_____

The Health Clearance Records I am authorizing for release include:

*Immunizations/Titers *Tuberculosis Clearance Documents *History and Physical Exam

Other:_____

NOTE: Unless lined out, those with an * will be sent to the email address you indicate

Student Signature_____Date_____

Note: A photocopy or electronic scan of this document shall be as valid as an original.

This Authorization is valid until otherwise notified in writing.

KEY POINTS TO REMEMBER

- You will receive only one email from SEHO letting you know if you have met all health clearance requirements prior to matriculation (start of classes). *No further health clearance reminders will be sent to you*.
- It is your responsibility to keep track of items you are required to submit to your **CastleBranch** account to ensure your health clearances are up to date.
- If you fail to submit required documents when they are due, a hold will be placed on your account. This means you will not be able to register for classes, receive financial aid payments, or obtain transcripts.

All records/documents submitted to **CastleBranch** must be clean, legible, and clear copies.

If you have *medical* questions on any of the above, please consult with *your* personal healthcare provider.

If you have any additional questions regarding the health clearance requirements, you may direct them to the Student Health Office at stu-emphealth@westernu.edu or call us at 909-706-3830.

If you have any questions related to the **CastleBranch** platform, call them at **888-723-4263.**

Annual Health Clearance Requirements

Influenza vaccination:

All students *must* receive the annual influenza vaccination every fall. Documentation of receipt of this vaccination is required and must be submitted to your CastleBranch account *no later* than the *November 30th each year or a hold will be placed on your account.*

- If you have a medical contraindication to receiving the yearly influenza vaccine, a note from your healthcare provider on their letterhead, that is also signed/dated is required. An email "letter" or "note" will not be accepted.

Tuberculosis Clearance

All students must submit their annual Tuberculosis clearance each year before it expires.

- TB skin test (PPD): needs yearly renewal *before* it expires. If you let it expire, two (2) skin tests, at least 7 days apart from each other are required.
- Quantiferon test: this test is valid for 4 years in the university. The only form you will need to renew every year is the TB Symptoms Checklist Form.
- Chest x-ray (only if you have history of positive skin test/positive Quantiferon): this test is valid for 4 years in the university. The only form you will need to renew every year is the TB Symptoms Checklist Form.

Rabies Vaccination and Titer Information for Veterinary Medicine Students Only

Rabies titer (*applies to Veterinary Medicine students only*): must be a Rapid Fluorescent Focus Inhibition Test (known as a RFFIT) and ONLY if the Rabies vaccine series was received/completed prior to enrolling for fall semester classes. Please note the RFFIT is the only rabies titer we will accept. **This titer is due no later than September 30th of the current year.**

Veterinary Students ONLY

Rabies vaccination: Students enrolling in the DVM program must provide all of the above documentation as well as show proof of having received the pre-exposure series of rabies immunization or agree to complete the rabies vaccinations as part of the University matriculation process no later than September 30th of the current year.

- A pre-exposure series involves the administration of two (2) intramuscular doses of the vaccine given on days 0 and 7.
- You can begin receiving your rabies vaccination series now or during orientation week on campus at the WesternU Health Pharmacy. A fee is charged for each of the vaccines you have to receive. For pricing, please call 909-706-3730.

Students who have previously received the Rabies vaccine series may be excused from being re-vaccinated by providing official documentation from their healthcare provider stating the dates they received 2 rabies vaccines. The serum RFFIT titer must be done if the two (2) vaccines were received/completed prior to enrolling for fall semester classes, and is acceptable only if it's no more than 6 months old from the day you start classes.

Pharmacy Services on the Pomona Campus

WesternU Health Pharmacy
795 E. Second Street, Suite 1
Pomona, CA 91766-2007
909-706-3730
Email: travelcenter@westernu.edu
Services Provided : Vaccinations, TB Skin tests
No appointment required
Open : Monday-Friday 8am-4.30pm
(no TB skin tests on Thursdays)

Vaccine	Dose	Price Per Dose
Hepatitis B Vaccine (Engerix-B)	0, 1, 6 months	$90
Hepatitis B Vaccine (Heplisav-B 2 dose)	0, 1 month	$150
Measles, Mumps, and Rubella Vaccine	1 or 2	$112
PPD/TB- (Tubersol)	1 or 2	$30
Rabies Vaccine (Rabavert)	0, 7 days	$375
Tetanus, Diphtheria, and Acellular Pertussis	1	$69
Influenza Quadrivalent	1	$35
Varicella Virus Vaccine Live (Varivax)	1 or 2	$189

Please note all prices listed may change without any notice.
For current pricing, contact the center at the numbers listed above.

NOTE: The Student-Employee Health Office (SEHO) can provide you with a serum blood titers order/referral if you prefer to obtain the blood draw at any independent lab facilities (e.g., LabCorp, Quest Lab), other than your healthcare provider's office. You may request the order by emailing us at stu-emphealth@westernu.edu.