



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 email your completed health clearance requirements
to:**

stu-emphealth@westernu.edu

Please note that it may take up to 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.

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, email them in PDF format to stu-emphealth@westernu.edu

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)

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 and Tdap Vaccine](#) must be one of the following:

- ☐ **IGRA blood test** (e.g., Quantiferon or T-spot) is preferred if you have had a BCG vaccine in the past. Must be within 6 months from the first day of matriculation. To avoid multiple blood draw, we recommend to obtain IGRA blood test along with the Hep B, MMR and Varicella serum blood titers.
- ☐ **TB Skin tests:** If you have not had 2 separate TB (PPD) skin tests completed within the past year, then 2 separate TB (PPD) skin tests (at least 7 days apart) are required.
- ☐ **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 within 6 months. **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:** Submit all **immunizations/vaccination records** from childhood, high school or previous university, including COVID-19 vaccines.

- ☐ **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 _____

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)

- ❖ Serum blood titers are **NOT** the same as vaccinations/immunizations.
- ❖ If you recently received any of the vaccines below, you must wait at least 30 days before obtaining the serum blood titers, otherwise the titer result will be considered invalid.
- ❖ Serum blood titers cannot be more than 1 year-old from the start of matriculation.
- ❖ You must submit the actual laboratory reports for the serum blood titers below. Please ensure that reference range are indicated on the quantitative results.

1. Hepatitis B Surf Ab, Quantitative QN] - Only a **QUANTITATIVE** titer result will be accepted (must have reference range).

- 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 have **Hepatitis B infection**, you are required to obtain a Hepatitis B clearance note from your Healthcare Provider. The note must indicate that **you are cleared to attend classes and any future recommendation must also be specified**. In addition, the following tests must be obtained:

- ❖ 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 ≥12 months old—**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 ≥12 months old—**1 MMR vaccine is required**.
- Titer results are Negative/non-reactive/inconclusive/equivocal, and you **do not** have documentation showing you received 2 MMR vaccines ≥12 months old—**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 **do not** have documentation showing you received 2 Varicella vaccines—**2 Varicella vaccines required at least 30 days apart**.

*MMR and Varicella vaccines may interfere with TB skin test results (may have a false negative result in someone who has an infection with TB) if the vaccine is administered within 4-weeks of the TB skin test. MMR vaccine can be administered at the same time and on the same day as the TB skin test.

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.

Student Name _____ WesternU Student ID# @ _____

Tuberculosis Clearance

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

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

- **To avoid multiple blood draw, we recommend to obtain IGRA blood test along with the Hep B, MMR and Varicella serum blood titers.**
- Lab results must be within 6 months from the first day of matriculation.
- Must include the following:
 - IGRA lab results
 - Completed [TB Symptoms checklist form](#).
- Note: **This test is valid for 4 years at WesternU**
- Having a history of receiving the BCG vaccine alone is not acceptable as a positive TB history unless a skin test has been given and the result was 10mm or greater. Prior BCG vaccination is NOT a contraindication to either TB skin test or IGRA. IGRA is the preferred test if you had a BCG vaccine.

B. TB PPD skin tests. If you have not had 2 separate TB (PPD) skin tests 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.

- **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 2nd PPD: _____ mm Nurse Signature _____

Millimeters of Induration (the words "negative" or "positive" are unacceptable)

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

- Chest x-ray radiology report
- Radiology report must be within 6 months from the first day of matriculation.
- Must include the following:
 - 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.

Tdap Vaccine

Submit proof of Tdap (Tetanus, Diphtheria, Acellular Pertussis) vaccination within the last 10 years.

NOTE: A TD and/or Dtap will NOT be accepted.

Immunization Records

Submit all immunizations/vaccination records from childhood, high school or previous university, including COVID-19 vaccines.



This form only applies to those required to have a chest x-ray or 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



Form D : 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 SEHO email 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 SEHO email.

- 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 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 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:** _____



**Form E: 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/Employee 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** _____



Form F: 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 SEHO 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 stu-emphealth@westernu.edu 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.

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 SEHO no later than November 30th each year or a hold will be placed on your account.

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

Tuberculosis Clearance:

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

- 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.
- TB skin test (PPD): submit 1 TB skin test before it expires. If you let it expire, two (2) skin tests, at least 7 days apart from each other are required.
- 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.**

Rabies vaccination: Students enrolling in the DVM program must provide all rabies vaccine documentation 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.

Q—Why do I need to submit my immunization records and serum titers?

A—Many clinical rotation sites that our student's rotate through require copies of both your immunization records and serum titer results. When you are preparing to start at a clinical rotation site that requires this information, you will just need to contact the Student Health Office. (If you are having trouble locating your immunization records, you may want to check with your high school/undergraduate college/university Health Center to see if they have a copy of your vaccination history).

Q—If my healthcare provider writes a note stating I have had a communicable disease, is this acceptable?

A—No. Documentation of select communicable diseases that were "physician diagnosed" and not confirmed through blood tests, are no longer accepted as evidence of immunity. Because of this, the required vaccine preventable diseases that have blood tests to determine if immunity exists or not (referred to as titers), are required for hepatitis B, measles, mumps, rubella, and varicella.

Q—If I get behind in a vaccination series (i.e., hepatitis B, MMR, or varicella), what should I do?

A—You will pick up where you left off and complete the vaccination series. For example, you received the first shot of the Hepatitis B vaccine series, but you have not received the rest of the vaccine, your healthcare provider can determine what else may be needed. If you can show you have started a vaccine series, you will be allowed to register for your first semester but until you provide proof you have completed the series, you will not be allowed to register for any subsequent semesters/classes.

Q—If I received a vaccine dose earlier than the minimum interval recommended, is this acceptable?

A—No it is not. The dose of vaccine is invalid and must be re-administered after the minimum interval has been met. For example, the hepatitis B minimum intervals are as follows: Dose 1 is administered. Dose 2 should be separated from dose 1 by at least one month (4 weeks or 28 days). Dose 3 should be separated from dose 2 by at least 2 months (8 weeks) AND from dose 1 by at least 4 months (16 weeks).

Q—Will vaccines interfere with my TB skin test (commonly known as a PPD) results?

A—Some vaccines may. For example, the MMR vaccine may interfere with PPD results (may have a false negative result in someone who has an infection with TB) if the vaccine is administered within 4-weeks of the PPD. However, the MMR vaccine can be administered at the same time and on the same day as the PPD. The hepatitis B, Tdap and rabies vaccines can be administered any time without interfering with PPD results.

Q—How do I know if my 1st PPD will be accepted or counted?

A—If you have not had 2 separate PPDs in more than one year, you are required to complete the 2-Step PPD process before your complete TB clearance requirement has been met. The 2nd PPD must be administered at least 7 days from the 1st PPD being administered.

Q—Can I submit an IGRA (e.g., Quantiferon or T-spot) blood test for TB clearance?

A—Yes, if you do not have a history of a positive Tb skin test or positive Quantiferon test. The test cannot be more than 6 months from your first day of matriculation. This test is valid at the university for 4 years. However, you are still required to submit a completed TB Symptoms Health Screening Checklist form on a yearly basis.

Q—Do I only have to complete a TB clearance on a yearly basis?

A—Yes. Be aware that some clinical rotations sites have more stringent TB clearance requirements that you must comply with in order for you to be permitted to go to that site.

Q—Do I need to get a PPD if I have a history of a positive PPD?

A—No. You are required to obtain a chest x-ray (x-ray cannot be more than 6 months old from your first day of starting classes at WesternU) and complete the TB Symptoms Health Screening Checklist included in this packet. We do not need the actual chest x-ray film; we only need the radiologist's written report.

Q—If I received my second Hepatitis B vaccine (Engerix-B or Recombivax) later than recommended after the first vaccine, how soon after getting the second Hepatitis B vaccine can I receive the third and final Hepatitis B vaccine?

A—If you had the 2nd vaccine several months after the first one, you can receive your 3rd and final Hepatitis B vaccine 60-days after the 2nd vaccine. A serum blood titer is still required 30-days after vaccine number three.

Q—If I have completed 2 full Hepatitis B series and my titer is still showing I do not have immunity, do I need to complete another series?

A—No, because most likely you are a non-converter, however, you will need to provide us with the documentation showing that you have completed 2 entire Hepatitis B vaccination series and a current Hepatitis B Surface Ab, QN titer.

Q—What if I have a health condition that is a contraindication to receiving a particular vaccination?

A—A letter from your healthcare provider attesting to this contraindication will be acceptable. However, if your current health status is such that a particular immunization is temporarily contraindicated, you will still be responsible for obtaining that immunization as soon as your health issue has resolved.

Q—What if my religious beliefs do not allow me to be immunized?

A—Other than COVID-19 vaccines, there are no religious exemption from the University immunization requirements. One should explore with his/her healthcare provider for the availability of vaccine formulations that do not involve the use of blood or select animal products, or document immunity as a result of prior infection. The University's commitment to minimize the potential harm to you and any patients or colleagues that you may encounter in your future career is of paramount concern to the university. Only a legitimate medical contraindication to vaccination will exempt a student from the University's immunization requirements.

Q—Can I participate in clinical rotations if I am still updating/completing the required vaccines and TB clearance?

A—In order for you to be able to start your clinical rotations you must be up to date on all your required vaccinations, TB clearance and serum blood titers. You must provide proof that you have completed all of the communicable disease clearance requirements or you will be removed from clinical rotations; will not be allowed to register for the next semester; and if you receive financial aid, you will not receive your funds until these requirements have been fulfilled.

Q—If I am pregnant can I be vaccinated safely?

A—Some vaccines can be administered safely during pregnancy. However, it is recommended that you consult with your obstetrician prior to receiving any vaccines.

Q—If I am pregnant, can I participate in my clinical rotations without having completed the required vaccinations?

A—A pregnant student can receive a temporary medical exemption and still participate in some clinical rotations. However, it is strongly recommended that you work closely with your faculty advisor to determine if it is permitted by the clinical site you would be going to as well as your obstetrician.

Q—How long will it take to process my health clearance forms?

A—You will need to allow at least 10 (ten) business days from the date we receive all of your required health clearance forms. If you have not received a confirmation email from SEHO by the end of the 10th business day, you should contact us. Note: all forms are processed on a first come, first serve basis only.

Q—When is the deadline for submission of all my health clearance forms/documents?

A—The completed health clearance packet is due no later than 30 days before class registration open. Please visit <https://www.westernu.edu/registrar/registrar-about/registration-information/> to check your registration dates.

Q—Once I have submitted all health clearance documents, will I have to do any other communicable disease tests, receive more immunizations or obtain a physical exam?

A—You are required to obtain a yearly influenza vaccination and complete annual TB clearance and submit the documents to SEHO.

Additional tests, vaccines and physical exams may be required for a clinical rotation site. It is your responsibility to confirm what is needed to clear you to rotate any site. Please provide copies of any additional health clearance document to the SEHO.

Q- Whom should I contact if I need disability accommodation?

A- Student Disability Accommodation

The Harris Family Center for Disability and Health Policy (CDHP) values the uniqueness of each student as an integral member of our diverse WesternU community and is the designated office to determine and approve academic modifications or accommodations for students with disabling conditions enrolled at WesternU. CDHP's role in the accommodation process is to provide students with disabilities with the legally mandated and necessary support to work toward a higher education.

CDHP serves students with disabilities at both the Pomona and Lebanon campuses. CDHP accepts requests at any time. To request accommodations and start the interactive process at WesternU, students are encouraged to visit CDHP's website (<https://www.westernu.edu/cdhp/>) to learn more about the registration process, requirements for disability documentation, and to complete the Student Intake Form. All inquiries are confidential, and students are welcome to obtain general information without registering. Accommodations are not retroactive so start the process today! To schedule an appointment with CDHP, please email disabilityaccommodations@westernu.edu. Students are welcome to call the office at (909) 469-5441, or visit the Pomona office in person at 309 E. Second Street, Pomona CA, 91766, Building 390. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Q—If I am feeling overwhelmed or my stress level is increasing, is there some place on campus where can I get help?

A—We have a department referred to as [LEAD](#). They specialize in six main topics that support students through their academic journey here at WesternU. These areas include a) one-on-one academic counseling, b) tutoring, c) the annual Summer Preparedness and Readiness Course (SPaRC), d) the Wellbeing Initiative, e) LEAD CALM – Mindfulness Meditation Training & Practice, and f) various workshops relevant to student life. All LEAD services are free of charge to the WesternU community, and all services are completely confidential.

If you need access to emergency student resources, call one of the following 24/7 hotlines:

- Optum counseling number is 800-234-5465
- Sexual assault hotline is 909-626-4357
- Suicide prevention hotline is 988 or go to [Behavioral Health Assistance Programs](#) for more information.