TO: Matriculating / College of Allied Health – Medical Laboratory Science
DISTANCE LEARNING

FROM: Philip Diller, MD
University Health Services

RE: Medical Requirements for Enrollment
University Health Services

Welcome to the University of Cincinnati! University Health Services (UHS) provides comprehensive health services to employees, staff, faculty, and students of the University. University Health Services also tracks student immunizations for many UC programs with immunization requirements.

The attached Immunization History form must be completed by your personal physician and promptly returned to UHS. We will also accept immunization documentation from places of employment if the documentation is on employee health stationary and stamped or signed by a medical professional. Military immunization documents are also accepted.

- Please note the requirements and recommendations regarding immunization. Also provided is the Family Educational Rights and Privacy Act (FERPA) Notice. Read the information and return the signed acknowledgement along with your immunization documentation, statement of comprehension, authorization of release of medical information, and UHS registration form.

Please feel free to contact our office at 513-584-4457 if you have any questions. Someone from our medical staff will be able to answer your questions Monday – Friday 8:00am – 4:00pm.

If the medical staff cannot immediately answer your call, please leave your complete name, student ID # (M Number), and the name of your program, as well as a short message and our medical staff will return your call as soon as possible.

Rev. 5/2015

PD:It
IMMUNIZATION REQUIREMENTS

YOU ARE NOW A HEALTH CARE WORKER. THIS MEANS YOU ARE AT HIGH RISK FOR CERTAIN INFECTIONS AND YOU MAY POSE A HIGH RISK TO VULNERABLE PATIENT POPULATIONS. THE INFORMATION AND REQUIREMENTS BELOW ARE FOR YOUR SAFETY AND THE SAFETY OF THE PATIENTS YOU WILL SERVE.

PLEASE NOTE: A COMPLETED HEALTH PACKET IS REQUIRED FOR YOUR PARTICIPATION IN THE CLINICAL COMPONENT OF YOUR PROGRAM AND TO MEET CLINICAL AFFILIATION AGREEMENT REQUIREMENTS.

SEND THE FOLLOWING 3 ITEMS along with the $50.00 tracking fee to the following address: University Health Services, 4th floor Holmes, P.O. Box 670460, Cincinnati, OH 45267-0460

Check or Money Order made out to: University of Cincinnati Physicians Company and submitted with immunization records

1. IMMUNIZATION HISTORY – DOCUMENTATION OF IMMUNIZATION MUST BE SIGNED BY YOUR PERSONAL PHYSICIAN (Notes from parents and records from baby books are not acceptable.) We do accept employee health or military health records as long as the records are on official documentation and include required lab reports. (see cover letter for details)

A) MMR titer - We require documentation of serologic immunity OR two documented MMR vaccines (one since 1980).

B) Hepatitis B - Health care workers are at high risk for Hepatitis B infection. We, therefore, require that you receive a complete Hepatitis B vaccination series and have a Hepatitis B surface antibody titer drawn 4-8 weeks after your third immunization to show serologic immunity. Immunization may, therefore, take up to eight months to complete.

C) Chickenpox— All students will be required to have a VZV titer OR provide documentation of two immunization doses. Any susceptible students will be required to receive 2 doses of VZV vaccine.

D) Annual Flu Vaccine. Annual Flu Vaccine will be required as long as you are enrolled in the Medical Laboratory Science program.

E) Tdap Vaccine— 1 adult Tdap vaccine.

F) BASELINE AND ANNUAL TB TESTING IS REQUIRED. Those individuals who have not had TB testing in the past 12 months will be required to have “2-step” baseline testing 7 days apart. If PPD skin test is positive: DOCUMENTATION IS REQUIRED. A chest x-ray report within 12 months is required for PPD positive persons or a negative Interferon Gamma Release Assay (IGRA). X-rays are available ay University Health Services. YOU WILL NOT BE PERMITTED TO PARTICIPATE IN CLINICAL ROTATIONS IF YOU ARE NOT IN COMPLIANCE WITH THIS REQUIREMENT.

Please note, Once the baseline requirement has been met; proof of annual TB testing and Flu vaccination will be a continued requirement as long as you are enrolled in the Medical Laboratory Science program. TB Test and flu vaccine documentation must be sent to University Health Services each year that you are enrolled in order for you to be considered complete with all immunization documentation.

The above requirements apply unless medically contraindicated (must provide physician documentation). Additional testing, evaluation and documentation may be required in individual cases. Any required vaccinations or titers may be obtained from University Health Services on a fee for service basis.

2. FERPA Receipt – All of your medical documents will be considered confidential material and will only be released as described in the enclosed FERPA form. Please return the signed portion of the FERPA form and return it with your immunization documentation.

3. UHS student registration short form – This information is needed to enter your documentation into the electronic medical record system. Please be sure to print legibly.

4. Authorization of release of medical information form – This form will be used to authorize the release of requested immunization documentation for clinical rotation.

HEALTH INSURANCE

Although students in the distance learning program are not required to provide proof of health insurance coverage, it is important to note that many clinical rotation sites will require this proof prior to the start of any clinical rotation experiences. Students of the Distance Learning Program are not eligible for UC Student Health Insurance.
UNIVERSITY HEALTH SERVICES IMMUNIZATION HISTORY (To be completed by a physician)

Patient Name: ___________________________  DOB (mm/dd/yyyy)# ___________________________

Student ID: M ___________________________

E-mail address required - please write legibly:

**DPT/Tdap**

5 childhood doses and booster every 10 years

- Did not receive ☐
- No record ☐

**Dates of primary series**

- #1 __________
- #2 __________
- #3 __________
- #4 __________
- #5 __________

1 Adult Tdap dose given: Date __________

**MINIMUM REQUIREMENT** - Documentation of a Tdap vaccine.

**Polio**

3 childhood doses and booster: *Booster date required:*

**Dates of primary series**

- #1 __________
- #2 __________
- #3 __________
- Booster __________

**MINIMUM REQUIREMENT** - *Booster date required, however booster not needed if 3rd dose given after age 4

**MMR**

- MMR #1 __________
- MMR #2 __________

If titer is negative, booster and Re-titer: 4 weeks after booster

**MINIMUM REQUIREMENT** - Documentation of serologic immunity OR two documented MMR vaccines (one since 1980).

**Hepatitis B Series**

**Dates of series**

- #1 __________
- #2 __________
- #3 __________
- Booster dates
  - #4 __________
  - #5 __________
  - #6 __________

Record series dates and attach titer lab report.

**MINIMUM REQUIREMENT** - Three dose series (second dose one month and third dose six months after first dose) AND a lab report of HBSAB (positive hepatitis surface antibody) titer. If HBSAB result is negative, additional booster required and repeat titer. If negative give doses 5 and 6 then repeat titer 4 weeks later.

**Varicella**

- If titer is negative - Dose #1 __________
- #2 __________

**MINIMUM REQUIREMENT** - 2 doses of VZV vaccine. OR Varicella titer – (evidence of immunity to Varicella by presenting lab report of positive titer.) *No titer is required if you present 2 VZV vaccine documents.

**Flu**

Date: __________

Annual Flu Vaccine will be required as long as you are enrolled in the program. (2014 flu form attached)

**SEROLOGIC PROOF IMMUNITY**

**Must attach titer report**

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<thead>
<tr>
<th>Test</th>
<th>Date of Test</th>
<th>Positive</th>
<th>Negative</th>
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<tbody>
<tr>
<td>Measles</td>
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<td>Mumps</td>
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<td>Rubella</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Hepatitis B</td>
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**2 STEP TB TEST**

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<tr>
<th>Test</th>
<th>Date</th>
<th>Result</th>
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<tbody>
<tr>
<td>Step 1 Placement</td>
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<td>Step 1 Reading</td>
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<tr>
<td>Step 2 Placement</td>
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<tr>
<td>Step 2 Reading</td>
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</table>

Placement date, reading date and results required. Proof of annual testing or 2 step, even for those who have received BCG vaccine as a child. If PPD skin test is positive: DOCUMENTATION IS REQUIRED. In addition, a chest x-ray documenting no active tuberculosis (within 1 year) must be submitted with +PPD documentation or a negative Interferon Gamma Release Assay (IGRA).

**OTHER NOT REQUIRED**

- Hepatitis A Vaccine  Date: ___________________________
- Meningococcal Vaccine Date: ___________________________
- BCG Yes (Date: ___ ) No ___________________________
- HPV Vaccine
  - 1st Dose
  - 2nd Dose
  - 3rd Dose
- Other

**PRINCIPAL CARE PROVIDER SIGNATURE REQUIRED**

Print Physician Name/Designee ___________________________

Physician/Designee Signature ___________________________

Address ___________________________

Phone, with area code ___________________________
STATEMENT OF COMPREHENSION

I am aware that failure to comply with the requirements of my program may result in additional tracking fees added to my tuition account, as well as a delay in program progression and completion. Any submitted materials that violate the Student Code of Conduct and UC Honor Code, including the falsification of documentation, will result in disciplinary action which could include suspension from the program.

Student Signature___________________________________ Date:____________________

Here is your checklist:

- All required documentation of vaccines and clinician/physician signed immunization form.
- Email address
- All required lab reports
- Signed FERPA receipt
- Signed statement of comprehension
- UHS student registration short form
- Signed authorization of release of medical information
- $50.00 tracking fee, check or money order made out to: University of Cincinnati Physicians Company

Don’t forget, items must be on file with UHS before progressing into your clinical terms.

Mail items to:

University Health Services
4th Floor Holmes
P.O. Box 670460
Cincinnati, OH 45267-0460
FAQ’S

What if I am unable to obtain documentation for my childhood vaccines?

If official documentation is not obtainable from your physician’s office, primary or secondary school or military records, the following is recommended:

1. Receive two-step TB testing (see below)
2. Receive a Tdap.
3. Have the following blood tests drawn – Rubeola antibody IgG, Mumps antibody IgG, Rubella antibody IgG. If you have completed the Hepatitis B series also have a Hepatitis B Surface antibody test drawn.
4. If you have had chickenpox, have a varicella antibody IgG drawn. If you have not had chickenpox receive 2 doses of vaccine.

Do I have to get a MMR titer if I have documentation of two vaccines?

The University of Cincinnati does not require it at this time. However there may be specific clinical sites that would require it. If you cannot provide documentation of 2 MMR vaccines, then a titer will be required. If the titer is negative, a booster will required followed by a repeat titer 30 days later.

I had the Hepatitis B Vaccine years ago but did not get a titer, what should I do?

If you have documentation of all three doses of Hepatitis B Vaccine have a titer drawn to see if you have antibodies (HBSAB). If the test is negative get a booster then re-titer in 1-2 months. If this test is negative, you will have to repeat the series then re-titer 1-2 months later. If no documentation is available from your original series, you will need to repeat the series then have a titer drawn 1-2 months later.

I do not have immunity to hepatitis B after receiving 3 vaccines, now what do I do?

Not all individuals will have a positive titer result after the initial 3 vaccinations. A protective antibody response is 10 or more milli-international units per milliliter (≥10mIU/mL). You will get a booster and then re-titer 1 month later. If at that point you show immunity, you are considered complete. If you are not yet showing immunity you will be receiving a 2 more vaccines and then a final titer four weeks after your last vaccine. After a total of 6 vaccines and final titer you will not be request to obtain further vaccines.

I had chickenpox, do I have to have varicella titer?

YES. Most people who have had the disease will develop antibodies, however because there are some that may not, a titer is required. We have found about 8% of our health profession students with a history of disease have negative titers. Some histories are not totally reliable. For these reasons, we have to be 100% certain that we do our part to prevent the spread of this disease, to our patients. If your titer is positive, no further action is necessary. If your test is negative, you will have to get 2 doses of varicella vaccine.

I had two doses of Varicella vaccine, do I need to have a titer drawn?

No, the requirement is either a positive Varicella titer (VZVIGG) OR 2 doses of the varicella vaccine. A titer after the vaccine is not required.

What is a Two-step TB test and do I need it?

A two-step TB test is simply having a TB test administered, then having another one administered 1- 3 weeks later. If you receive annual TB tests, you can submit your last 2 testing dates to meet the TB requirement. If you have not had a TB test within the past 2 years you will need to obtain a two-step test. Two-step testing is required for the initial skin testing of adults who are going to be tested periodically, such as health care workers. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent skin test will be misinterpreted as a recent infection. For more information on two-step testing: www.cdc.gov/tb

How will UHS communicate with me?

My UC Health offers patients personalized and secure on-line access to portions of their medical records. It enables you to securely use the Internet to help manage and receive information about your health. Patients will be issued a My UC Health activation code by email after submitting their immunization documentation and registration form. This code will enable you to login and create your own user ID and password. PLEASE NOTE: The code will expire after you have used it or after 60 days.

We take great care to ensure your health information is kept private and secure. Access to information is controlled through secure activation codes, personal ID’s, and passwords. Each person controls their password, and the account cannot be accessed without that password. My UC Health uses the latest 128-bit SSL encryption technology with no caching to automatically encrypt your session with My UC Health. Unlike conventional e-mail, all My UC Health messaging is done while you are securely logged on to our website. https://my.uchealth.com/myuchealth/
<table>
<thead>
<tr>
<th><strong>UC Health, University Health Services Registration (short form)</strong></th>
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<tbody>
<tr>
<td><strong>Distance Learning Student: Please fill out all this form in its entirety.</strong></td>
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<tr>
<td>Secure Fax number: Holmes (513) 584-2222</td>
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<tr>
<th><strong>1</strong></th>
<th><strong>Patient Identifiers</strong></th>
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<tr>
<td>Name (Last, First, Middle)</td>
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<tr>
<td>Name you would like to be called?</td>
<td>(Nickname)</td>
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<tr>
<td>Social Security Number</td>
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<td>Birth Date</td>
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<tr>
<td>Gender</td>
<td><em>Please Circle one:</em> Male / Female</td>
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<th><strong>Patient Demographics</strong></th>
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<tr>
<td>Apt./ Unit #</td>
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<td>Zip code</td>
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<td>Home Phone</td>
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<tr>
<td>Work Phone</td>
<td>Include area code ( )</td>
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<tr>
<td>Mobile Phone</td>
<td>Include area code ( )</td>
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<tr>
<td>Phone number preferred?</td>
<td><em>Please Circle one:</em> Home / Mobile / Work</td>
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<tr>
<td>Email Address</td>
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<tr>
<th><strong>3</strong></th>
<th><strong>Employment Status</strong></th>
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<tr>
<td>Please Circle One</td>
<td>Full Time Student / Part Time Student</td>
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<td>If you are employed please complete section below, otherwise go on to section 4</td>
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<tr>
<td>Employer</td>
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<td>Employment Address</td>
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<td>Employment Date</td>
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<tr>
<th><strong>4</strong></th>
<th><strong>Patient Communication General Information</strong></th>
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<tbody>
<tr>
<td>Do you Speak English?</td>
<td><em>Please Circle one:</em> Yes / No</td>
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<tr>
<td>Do you need an Interpreter?</td>
<td><em>Please Circle one:</em> Yes / No</td>
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<tr>
<td>Hearing Impaired?</td>
<td><em>Please Circle one:</em> Yes / No</td>
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<tr>
<td>Visually Impaired?</td>
<td><em>Please Circle one:</em> Yes / No</td>
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<tr>
<td>Ethnicity:</td>
<td><em>Please Circle one:</em> Hispanic / Non-Hispanic / Declined</td>
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<td>Race:</td>
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### UNIVERSITY HEALTH SERVICES

#### AUTHORIZATION OF RELEASE OF MEDICAL INFORMATION

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<tr>
<th>Section in blue must be filled out completely</th>
<th>PATIENT INFORMATION</th>
<th>Section in blue must be filled out completely</th>
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<tbody>
<tr>
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<tr>
<td>Date of Birth</td>
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#### COPIES SENT FROM/TO

<table>
<thead>
<tr>
<th>Agency/Hospital</th>
<th>Name &amp; Title of Person</th>
<th>Street Address</th>
<th>City, State, &amp; Zip</th>
<th>Phone &amp; Fax including area code</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Health Services (Clinical Rotation)</td>
<td>4th Floor Holmes</td>
<td>P.O. Box 670460</td>
<td>Cincinnati, OH 45267-0460</td>
<td>513-584-4457</td>
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</tbody>
</table>

#### INFORMATION NEEDED

| Lab Reports* | X X-Ray Reports* | X Immunization Records | Other__________________________________________ |

#### REASON NEEDED

X Clinical Rotations

This consent will expire in four (4) years after the date below, or sooner by my choice in which case this consent will expire on:______________________________ I have the right to revoke this consent at any time by informing University Health Services in writing.

X I hereby authorize University Health Services to release the medical information stated above for the reason and time specified.

I give permission to release information concerning treatment, diagnosis, or testing of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or test antibodies to the AIDS virus (HIV).

____________________________             _____________            ______________________________
Patient/Guardian* Signature                            Date                            Witness Signature

* Reason patient is unable to sign_________________________________________________________

(Provide guardianship, executor or estate, power of attorney papers if required.)

Revised 5/2015 MLS student clinical rotation health records release
The privacy of your health information is important to all of us at University Of Cincinnati Health Services. This Notice will tell you about the way we protect that privacy by complying with the Family Educational Rights and Privacy Act (FERPA).

What is FERPA?

FERPA is a federal law that protects the privacy of students' "education records." The University of Cincinnati follows FERPA regulations because it receives funds that are administered by the U.S. Department of Education. Under FERPA, "Education Records" are very broadly defined as records that are directly related to a student and are kept by an educational agency or institution, or someone acting for the agency or institution.

How does FERPA apply to my records at University Health Services at UC?

Under FERPA, the records maintained by University Health Services (UHS) are either "Treatment Records" or "Education Records." The majority of records maintained at UHS are considered to be "Treatment Records" under FERPA, including the records created by your healthcare provider or counselor while providing you with care. "Treatment records" are records that are made or maintained by a health care professional; are used only for your medical or psychological treatment; and are available only to treatment providers.

How does UHS use my Treatment Records?

UHS uses your Treatment Records to provide you with healthcare services. We may disclose your records to other healthcare providers who are also providing you with treatment. In general, we will ask you to sign a written consent form before we provide your information to another healthcare provider for treatment. If there is an emergency situation, however, we may provide this information to other providers for your treatment without having you sign a written consent. At your request, we will also provide your Treatment Records to a physician or other appropriate professional for review.

Can my Student Health and Counseling Services treatment records be shared with people other than healthcare providers without my consent?

In general, we will ask you to sign a written consent before we disclose your UHS records to anyone for a purpose other than treatment. In the following circumstances, as permitted by FERPA regulations, we may disclose your UHS records without your written consent: (a) to comply with a judicial order or lawful subpoena; (b) disclosure to the court in connection with a legal proceeding involving the University and you or your parents; and (c) disclosure in connection with a health or safety emergency if knowledge of the information is necessary to protect the health and safety of you or other persons; The FERPA regulations also list other situations in which we may disclose your UHS records without your prior written consent.

May I make a request to see my UHS records?

The privacy of your health information is important to all of us at University Of Cincinnati Health Services. This Notice will tell you about the way we protect that privacy by complying with the Family Educational Rights and Privacy Act (FERPA).
Yes, you may make a written request to see your UHS records. We may provide you with copies of the records or arrange for a healthcare provider to be with you when you review them in order to explain the records and/or answer your questions. However, when your records are disclosed to you in this manner, they are considered Education Records (and no longer Treatment Records) and are covered by FERPA regulations governing Education Records.

At other healthcare providers, I’ve been told that the Health Insurance Portability and Accountability Act (HIPAA) applies to my health records. Why doesn’t HIPAA apply to my UC UHS records?

UHS is covered by both FERPA and HIPAA regulations. Federal regulations make clear that university Education Records and Treatment Records are excluded from coverage under the HIPAA Privacy and Security Rules. Accordingly, the FERPA regulations prescribe the federal rules that UHS must follow in protecting the privacy of a student’s medical and counseling records. If you receive health care from a medical provider outside of University Health Services, then the HIPAA regulations will apply to the records maintained by those facilities. Of course, all UC facilities also comply with any applicable state laws and University policies regarding the privacy and confidentiality of healthcare records, including UHS.

What about counseling or mental health records? In addition to FERPA, there are other state laws that place additional privacy protections and disclosure restrictions on mental health and counseling records, including records held at UHS.

Where may I direct any other questions I may have about the privacy protections for my UC UHS records?

University Rules 10.43.11 and 10.43.13 establish University of Cincinnati procedures for FERPA compliance.

You may contact or the UC Director of Privacy at (513) 556-3483.

What if I have a complaint?

FERPA affords students the right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920

______________________________

I have been informed about the Family Educational Rights and Privacy Act (FERPA).

Name: __________________________________________________________________________

Please Print

Signature: _________________________________________________________________________ Date: __________________