TO: Matriculating Health Professions Students/ADVANCED MEDICAL IMAGING
FROM: W. Kenneth Stephens, MD
Interim Director, University Health Services
RE: Medical Requirements for Enrollment

University Health Services
Welcome to the University of Cincinnati! The University Health Services (UHS) provides comprehensive health services to employees, staff, faculty and students of the University. University Health Services also has primary care services available for all students.

The Immunization History must be completed by your personal physician (not a relative). Please note the requirements and recommendations regarding immunization and health insurance.

Also provided is the Notice of Protected Health Information Privacy Practice. Read the information and return the signed acknowledgement along with your immunization documentation.

In order for your registration to be complete, schedule an appointment to be seen at University Health Services. Location: Holmes Building, 1st Floor, Room 1007 [see time table for deadline]. This visit will allow us to review your history with you as well as familiarize you with our services. Call 513-584-4457 to make an appointment. Please feel free to contact our office if you have any questions.

FYI: College of Allied Health Students will be charged a $20.00 fee for the immunization registration appointment at the time of your visit. If your immunizations are complete including the entire Hepatitis B series and documented by your physician as requested by the deadline listed below, you will be marked as complete and there are no tracking fees. Students working through the initial Hepatitis B series and including titer will be charged a $50.00 tracking fee. Registration and tracking fees due at the time of your review appointment may be charged to your UC student account if desired.

For those who are not considered complete there are additional $50.00 tracking fees at specific deadlines if you fail to progress. This fee will be generated from our billing department.

I look forward to your arrival in Cincinnati.

Rev. 4/2014

WKS:lt


### REQUIREMENTS

**IMMUNIZATION HISTORY** - DOCUMENTATION OF IMMUNIZATION MUST BE SIGNED BY YOUR PERSONAL PHYSICIAN/CLINICIAN (not a relative). FAILURE TO COMPLY MAY RESULT IN SUSPENSION FROM CLASSES. *(Notes from parents and records from baby books are not acceptable.)*

*It is highly recommended to send in items early and to schedule your review appointment in advance of the deadline.*

<table>
<thead>
<tr>
<th>Registration &amp; Tracking Fee</th>
<th>REQUIRED</th>
<th>Tell Me More About This</th>
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<tbody>
<tr>
<td>A $20.00 fee due at time of review, April 14 – July 31.</td>
<td>Required Review &amp; Ishihara Test (color blind testing)</td>
<td>All up to date documentation is required to be on file with University Health Services before you can schedule an appointment for your review. Schedule an appointment with the UHS East Campus medical staff to review your documentation and test for color blindness by calling 513-584-4457. Review dates: <strong>April 14, 2014 – July 31, 2014</strong></td>
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<td>CBC with differential</td>
<td>Within the past 30 days, including lab report.</td>
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<td>MMR</td>
<td>We require documentation of serologic immunity OR 2 documented MMR (Measles, Mumps, Rubella) vaccines (one since 1980).</td>
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<td>MMR booster if needed</td>
<td>If you do not have documentation of 2 MMR Vaccines, (once since 1980) and/or the MMR titer is negative, a booster will be required.</td>
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<td>Established Hepatitis B documentation</td>
<td>Health care workers are at high risk for Hepatitis B infection. The UC College of Allied Health requires 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.</td>
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<tr>
<td></td>
<td>For students working through the Hepatitis B series</td>
<td>Students working through the initial series and including titer will be expected to follow the recommended dosing schedule, upon completion of the 3rd vaccine the HBsAb will be due 4 weeks later. A negative titer report will result in additional vaccines and titer, therefore the Hepatitis B series and documented proof of serology may take 7-14 months to complete. All students in this category cannot be expected to complete all requirements by August 31, 2014 and will automatically be charged the tracking $50.00 fee.</td>
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<tr>
<td></td>
<td>Chickenpox</td>
<td>All students will be required to have either a positive VZV (Varicella IGG) titer OR provide documentation of two immunization doses. Any susceptible students will be required to receive 2 doses of VZV vaccine.</td>
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<tr>
<td></td>
<td>VZV Vaccine if needed</td>
<td>No vaccine history or negative titer. Any susceptible students will be required to receive 2 doses of VZV vaccine.</td>
</tr>
<tr>
<td></td>
<td>Tdap</td>
<td>1 adult Tdap vaccine. (Tetanus, Diphtheria and Pertussis)</td>
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<td></td>
<td>BASELINE AND ANNUAL TB TESTING IS REQUIRED</td>
<td>Those individuals who have not had TB testing in the past 18 months will be required to have “2-step” baseline testing 7-21 days apart. <strong>YOU WILL NOT BE PERMITTED TO PARTICIPATE IN CLINICAL ROTATIONS IF YOU ARE NOT IN COMPLIANCE WITH THIS REQUIREMENT</strong></td>
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<tr>
<td></td>
<td>(For students just with past history of positive PPD) +PPD Documentation</td>
<td>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 at University Health Services. Annual PPD testing thereafter due 1 year from previous record on file. <strong>YOU WILL NOT BE PERMITTED TO PARTICIPATE IN CLINICAL ROTATIONS IF YOU ARE NOT IN COMPLIANCE WITH THIS REQUIREMENT</strong></td>
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<tr>
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<td>HIPAA</td>
<td>All of your medical documents will be considered confidential material and will only be released as described in the enclosed HIPAA form. Please return the signed portion of the HIPAA form and return it with your physician signed immunization form.</td>
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<tr>
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<td>Statement of Comprehension</td>
<td>This statement will be kept on file. Please be sure to completely read and understand all of the requirements. Your signature indicates that you fully understand your responsibility and are aware of consequences regarding noncompliance.</td>
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An additional $50.00 fee will be placed on your student account for those who are not compliant with the requirements in this section by November 1, 2014.

**All noncompliant students**

**2014 Flu Vaccine**

2014 INFLUENZA VACCINE AND ANNUAL REQUIRED. Documentation of 2014 Flu shot will be required. The deadline will be made by the College of Allied Health as soon as the vaccine becomes available. Flu shot is required annually.

An additional $50.00 fee will be placed on your student account for those who are not compliant with the requirements in this section by June 1, 2015

**For students requiring Hepatitis B boosters**

For those students who will be repeating the Hepatitis series, your recommended dosing schedule may extend beyond the June 1, 2015 deadline. Adhering to your recommended dosing schedule will not result in the additional fee associated with the June 1, 2015 deadline. However please note that if do not adhere to the dosing schedule this fee will be sent to billing. It is vital that you communicate with the University Health Services Holmes Clinic if there are any circumstances creating a conflict.

**All noncompliant students**

Any student who fails to submit requested documentation by designated deadlines may be subject to this fee. It is the student’s responsibility to respond to e-mails and submit documentation as well as confirm any faxed documents in regards to their arrival to University Health Services. This fee will be sent directly to your student account. If you are noncompliant, your program will be notified.

**HEALTH INSURANCE REQUIREMENT**

**HEALTH INSURANCE** The University of Cincinnati requires that you be insured for health care either under the available UC Student Health Insurance plan or a comparable policy of your own choice. As a full-time student you will be automatically enrolled in and billed for the insurance plan. If you have equal or better insurance and would like to waive the coverage, you must waive on-line by September 8, 2014.

[www.onestop.uc.edu](http://www.onestop.uc.edu) The coverage’s required for you to waive the UC Student Health Insurance Plan can be found at [http://www.uc.edu/uhs](http://www.uc.edu/uhs) by choosing the Student Health Insurance at the top of the left of the page. Failure to waive by the deadline will result in a non-refundable charge to your tuition account. Please call the Student Health Insurance Office at (513) 556-6868 if you have any questions.

[http://www.uc.edu/uhs/student_health_insurance/bloodborne_pathogenexposureinsurance.html](http://www.uc.edu/uhs/student_health_insurance/bloodborne_pathogenexposureinsurance.html)

4/2014
STATEMENT OF COMPREHENSION

I understand that it is my responsibility to obtain the initial and annual immunization requirements for my program. It is also my responsibility to verify my immunization record is current. I understand that if my records are incomplete by the July 31, 2014 deadline there is a tracking fee of $50.00 that will be applied to my account. I am aware that failure to comply with the requirements of my program will result in additional tracking fees added to my tuition account as well as my program being notified which may result in disciplinary action including 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 HIPAA
- Signed statement of comprehension

Don’t forget, items must be on file with UHS before scheduling your review appointment

Mail items to:

University Health Services
1st Floor Holmes
P.O. Box 670460
Cincinnati, OH 45267-0460

Immunizations and tuberculin tests are available at University Health Services (UHS) at both the Holmes Clinic on The Academic Health Center Campus and in the Richard E. Lindner Athletic Center on West Campus. To schedule an appointment call: UHS Holmes Clinic: 513-584-4457 or UHS Lindner Clinic: 513-556-2564.

University Health Services Price List
(Please note, prices are subject to change, please ask when scheduling an appointment for the most current price listing.)

Hepatitis B – 3 immunizations at 86.00 dollars each plus antibody testing (HBSAB) to confirm serologic immunity at a cost of 30.00 dollars. Total cost $288.00 dollars (If you do not develop antibody after the 3rd immunization, additional Hepatitis B immunizations and antibody or Hepatitis B testing may be required at additional cost.)

Varicella Zoster Immunization (VZV) – 2 immunizations at $128.00 each. Total cost 256.00

Varicella Titer (VZV Ig G) – 25.00

Meningococcal Vaccine - 155.00  (Not required)

QuantiFERON-TB Gold - 85.00

Tetanus with Diphtheria & Acellular Pertussis (Tdap) - 64.00

Chest X-Ray - 83.00

4/2014
<table>
<thead>
<tr>
<th>Test</th>
<th>Date of Test</th>
<th>Check One</th>
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<tbody>
<tr>
<td>Measles</td>
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<tr>
<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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</table>

**MMR**

- **MMR #1**: ________________________________
- **MMR #2**: ________________________________
- **If titer is negative, booster and Re-titer; 4 weeks after booster**

**Hepatitis B Series**

- **Dates of series**: 
  - #1: ____________
  - #2: ____________
  - #3: ____________
- **Booster dates**: 
  - #4: ____________
  - #5: ____________
  - #6: ____________
- **Record series dates and attach titer lab report**

**Varicella**

- **If titer is negative - Dose**: 
  - #1: ____________
  - #2: ____________

**Other**

- **Hepatitis A Vaccine**
- **Date**: ____________
- **Meningococcal Vaccine**
- **Date**: ____________
- **BCG**
  - Yes (Date: ____________)
  - No
- **Flu shot**
  - 2013 Date: ____________
- **HPV Vaccine**
  - 1st Dose: ____________
  - 2nd Dose: ____________
  - 3rd Dose: ____________
- **Other**

**Additional Immunization Information**

- **Primary Care Provider Signature Required**

**2 STEP TB TEST**

<table>
<thead>
<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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<tr>
<td>Step 1 Reading</td>
<td>/ /</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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**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).**
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 can not 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 milliinternational 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 titters. 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

Why does UHS use secure e-mail to communicate with me?

University Health Services has taken measures to secure electronic transmission of your personal information. The secure email will be sent via your UC email address from University Health Services electronic medical records system. Follow the instructions in the e-mail to retrieve your personal health information message. Please do not ignore these messages, mistake them for junk mail or delete them without reading them as it will be our primary means of communication to you. Failure to read these messages will result in your program being notified.
University Health Services
Notice of Protected Health Information Privacy Practices
Effective August 1, 2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Cathy Castillo, University Health Services Privacy Officer at (513) 556-6045 or by mail at University Health Services, P.O. Box 210010, Cincinnati, OH 45221-0010.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how University Health Services (UHS) may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. Personal health information related to you will not be released without your signed release except when the release is required or authorized by law or regulation.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE
You will be asked to provide a signed acknowledgement of receipt of this notice. The intent of UHS is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be affected by whether or not you sign an acknowledgement. If you decline to provide a signed acknowledgment, UHS will continue to provide you treatment, and will use and disclose your protected health information for treatment, payment, and health care when necessary.

UHS DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION
Protected personal health information includes individually identifiable information, which relates to your past, present or future health, treatment or payment for health care services, including your age, address, and e-mail address. UHS is required by law to:

- Maintain the privacy of your personal health information
- Provide you this notice of UHS’s legal duties and privacy practices with respect to your personal health information
- Follow the terms of the notice currently in effect and
- Communicate any changes in the notice to you.

UHS reserves the right to change this notice. Its effective date is at the top of the first page and in the acknowledgement section on the last page. UHS reserves the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a copy of this notice by calling University Health Services at 513-556-2564 or contacting Cathy Castillo, Privacy Officer, University Health Services at 513-556-6045 or mailing Cathy Castillo at University Health Services, P.O. Box 210010, Cincinnati, OH 45221-0010.

UHS protects your personal health information from inappropriate use or disclosure. UHS employees, and those of companies that help UHS service your UC Student Health Insurance, are required to comply with UHS requirements that protect the confidentiality of personal health information. They may look at your personal health information only when there is an appropriate reason to do so.

HOW UHS MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION
Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

REQUIRED USES AND DISCLOSURES
By law, UHS must disclose your health information to you unless it has been determined by the Director of UHS that it would be harmful to you. (See YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION WE MAINTAIN ABOUT YOU below.) UHS will use and disclose personal health information about you for the following reasons:

- For medical treatment – UHS may use and disclose personal health information including copies of reports or data in your medical record when needed by specialists, (including physical therapists), to whom you have been referred.
- For employees – UHS may use and disclose personal health information to the UHS Disability Manager, to the Benefits Office of the University of Cincinnati, to members of the Americans with Disabilities Act...
The following are your various rights as a consumer under HIPAA concerning your personal health information.

- Right to Inspect and Copy Your Personal Health Information – In most cases, you have the right to inspect and obtain a copy of the personal health information that UHS maintains about you. To inspect and copy personal health information, you must submit your request in writing to UHS at the address above. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. Certain types of personal health information will not be made available for inspection and copying. This includes personal health information collected by UHS in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances, the Director of UHS may deny your request to inspect and obtain a copy of your personal health information. If UHS denies your request, you may request that the denial be reviewed. The review will be conducted by an individual chosen by UHS who was not involved in the original decision to deny your request. UHS will comply with the outcome of that review.
• Right to Amend Your Personal Health Information – If you believe that your personal health information is incorrect or that an important part of it is missing; you have the right to ask UHS to amend your personal health information while it is kept by or for us. You must provide your request and your reason for the request in writing to University Health Services, P. O. Box 210010, Cincinnati, OH 45221-0010. UHS may deny your request if it is not in writing. In addition, UHS may deny your request if you ask UHS to amend personal health information that is accurate and complete; was not created by UHS, unless the person or entity that created the personal health information is no longer available to make the amendment; is not part of the personal health information kept by or for UHS; or is not part of the personal health information which you would be permitted to inspect and copy.

• Right to a List of Disclosures – You have the right to request a list of the disclosures we have made of personal health information about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to University Health Services, P. O. Box 210010, Cincinnati, OH 45221-0010. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before August 1, 2007. The first list you request within a 12-month period will be free. UHS may charge you for responding to any additional requests. UHS will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• Right to Request Restrictions – You have the right to request a restriction or limitation on personal health information UHS uses or discloses about you for treatment, payment or health care operations, or that UHS discloses to someone who may be involved in your care or payment for your care. While UHS will consider your request, UHS is not required to agree to it. If UHS agrees to it, we will comply with your request. To request a restriction, you must make your request in writing to University Health Services, P.O. Box 210010, Cincinnati, OH 45221-0010. In your request, you must tell UHS (1) what information you want to limit, (2) whether you want to limit UHS’s use, disclosure, or both; and (3) to whom you want the limits to apply. UHS will not agree to restrictions on personal health information uses or disclosures that are legally required, or which are necessary to administer medical or business operations of UHS.

• Right to Request Confidential Communications – You have the right to request that UHS communicates with you about personal health information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that UHS only contact you at work or by mail. To request confidential communications, you must make your request in writing to University Health Services, P. O. Box 210010, Cincinnati, OH 45221-0010 and specify how or where you wish to be contacted. UHS will accommodate all reasonable requests.

• Right to File a Complaint – If you believe your privacy rights have been violated, you may file a complaint with UHS or with the Secretary of the Department of Health and Human Services. To file a complaint with UHS, please contact Director, University Health Services, P.O. BOX 210010, Cincinnati, Ohio 45221-0010. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint, please contact UHS at (513) 556-6045.

Name: _________________________________________
Please Print

Signature: _________________________________________ Date: ________________
SECURE MESSAGING

Electronic messages will be sent by University Health Services using secure messaging in order to provide the most safe and convenient method of communication regarding your health care. Secure messaging may be used by your provider for general information or follow-up instructions.

1. Notification will appear like this in your UC email inbox.

2. Quickly access the link by clicking on it or go to: https://myhealth.uc.edu

3. Use your UC Central Login Service Username and Password to access your message.

4. Click on “Go to messages”

Under Subject:

Click on “READ IT”