

College of Health Professions Requirement Checklist

Name _____ Program _____

WSU ID# _____ Date _____

Please attach checklist to all required documentation and turn in everything at the same time. All requirements can be completed at Student Health Services or your primary care provider.

Students will be contacted via their WSU email if there are any missing requirements or questions. Submitted requirements will be available to view/print on the myShockerHealth portal within 48 hours.

ANNUAL REQUIREMENTS:

_____ **Physical exam within one year required annually.** Please use the physical exam form found on website. Physicals must include a review of systems and dated and signed by a physician, NP or PA.

_____ **Influenza vaccine required annually** – for current flu season. **If influenza waivers are allowed by your department, please contact that department to receive a waiver form. The waiver form needs to be submitted to Student Health to complete this requirement.*

_____ **TB clearance required annually.** One of the following is required for TB clearance. Please check which requirement met:

_____ Negative TB skin test done in last 12 months recorded in “mm” reading, not just “negative”

OR

_____ Negative Quantiferon blood test in last 12 months.

OR

_____ If you have a history of a POSITIVE tuberculosis test: A recent chest x-ray report required within the last 12 months for new students AND a “Tuberculosis Symptom Review” sheet at Student Health.

IMMUNIZATION REQUIREMENTS: to be submitted once at beginning of program or when updated:

_____ **Tdap vaccination** - A tetanus/diphtheria/pertussis vaccine within the last 10 years.

_____ **MMR** – Please check which requirement met:

_____ Documentation of two doses of MMR (first dose on/after first birthday and second dose at least 28 days later)

OR

_____ Titers demonstrating immunity to Mumps, Rubella and Rubeola

_____ **Varicella** – Please check which requirement met:

_____ Two varicella vaccinations given 4 weeks apart

OR

_____ Titer demonstrating immunity to varicella

_____ **Hepatitis B** – Please check which requirement met (PA dept. requires Hepatitis B titer)

_____ Three dose series completed in the appropriate time frame

OR

_____ Positive Hepatitis B titer demonstrating successful vaccination