

# Immunization Requirements for Physical Therapy Program At Texas Woman's University

**Immunization Compliance Inquiries to:**  
Immunization Program Phone: (940) 898-3825  
P.O. Box 425467 (888) 898-8825  
Denton, TX 76204-5467  
<https://patient-twu.medicatconnect.com/>

**IMPORTANT: SUBMISSION OF REQUIRED IMMUNIZATION RECORDS IS NECESSARY TO COMPLY WITH TEXAS ADMINISTRATIVE CODE TITLE 25, P1, CH97, SUBCH B, RULE §97.61 AND THE POLICY OF TEXAS WOMAN'S UNIVERSITY.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_@\_\_\_\_\_ Alt. Phone #: (\_\_\_\_) \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Address City/State Zip  
Sex (Male/Female): \_\_\_\_\_

## PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

**\*\* All Vaccine/Immunization records must include full dates i.e. month/day/year & health care providers' signatures. Health care provider initials may be considered sufficient if the document is on a health care provider's letterhead including the name & address of the practice. School records which merely reflect dates of administration will NOT be accepted. Immunization records submitted without thorough documentation will not be accepted at any clinical site and students will be required to repeat vaccines or obtain titers in lieu of vaccines if applicable. All immunization records should be uploaded to TWU Student Health Patient Portal at <https://patient-twu.medicatconnect.com/>**

**Tdap** – Tetanus, Diphtheria and Pertussis must be renewed every 10 years.

**Flu** – must be current Flu season (September –April) due annually. Record must include: Manufacturer, Flu Lot number, expiration date, injection site and provider's signature. Receipts are NOT accepted.

**TB Screening** – within past one year. *If you are eligible for TB Skin testing, results MUST include induration, even if the negative result is '0 mm of induration. After a positive TB Skin test you must have a TB Blood test prior to having a Chest Xray.*

**MMR 2 doses OR Positive Titer** – Measles, Mumps & Rubella Titer (must submit lab report).

**Varicella 2 doses OR Positive Titer** – must submit lab report for Titers. **History of disease NOT accepted.**

**Hepatitis B Series** (3 doses) - dose 2 (30) days after dose 1, dose 3 (5 months) after dose 2.

**Hepatitis B Titer** (Hepatitis B Surface Antibody) – 30 days after completion of Hepatitis B Series (in lieu of Hepatitis B Series of vaccines)

**Hepatitis C Testing** – **Dallas & Houston Physical Therapy Majors only.**

**\*\* Please note that negative titer results may require a repeat of vaccine doses and additional titer screening.**

### ***Student must sign for immunization compliance:***

I certify that, to the best of my knowledge, the above information and attached copies are true and correct.

I also give my consent for the release of my immunization records to faculty/staff at Texas Woman's University. I further consent to the release of my immunization records to any clinical facility that I request they be sent to for clinical rotations or employment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

In accordance with Leg. House Bill 1922, an individual is entitled to request to be informed about the information collected about them; receive and review their information; and correct any incorrect information. Disclosure of your social security number is required in order to set up your immunization status at Texas Woman's University. Your social security number will be used as a unique number to identify you. Any further disclosure of your social security number will be governed by the Public Information Act (Chp 552 of the Texas Government Code).

Revised Summer 2018

# Texas Woman's University Student Health Services

## Tuberculosis (TB) Screening Requirement Form for Health Profession Students

Is your country of birth listed below?                      Yes                                      No

If yes, which of these is your birth country?

In the lists below, **please check the boxes to the left of ALL countries** you have **resided in** and/or **traveled to** for  $\geq 8$  weeks.

Afghanistan	Colombia	Iraq	Nauru	South Africa
Algeria	Comoros	Kazakhstan	Nepal	South Sudan
Angola	Congo	Kenya	New Caledonia	Sri Lanka
Anguilla	Côte d'Ivoire	Kiribati	Nicaragua	Sudan
Argentina	Dem. People's Rep. of Korea	Kuwait	Niger	Suriname
Armenia	Dem. Rep. of the Congo	Kyrgyzstan	Nigeria	Swaziland
Azerbaijan	Djibouti	Lao People's Dem. Rep.	Northern Mariana Islands	Syrian Arab Republic
Bangladesh	Dominican Republic	Latvia	Pakistan	Tajikistan
Belarus	Ecuador	Lesotho	Palau	Tanzania (United Rep. of)
Belize	El Salvador	Liberia	Panama	Taiwan
Benin	Equatorial Guinea	Libya	Papua New Guinea	Thailand
Bhutan	Eritrea	Lithuania	Paraguay	Timor-Leste
Bolivia (Plurinational State of)	Ethiopia	Madagascar	Peru	Togo
Bosnia and Herzegovina	Fiji	Malawi	Philippines	Tunisia
Botswana	Gabon	Malaysia	Portugal	Turkmenistan
Brazil	Gambia	Maldives	Qatar	Tuvalu
Brunei Darussalam	Georgia	Mali	Republic of Korea	Uganda
Bulgaria	Ghana	Marshall Islands	Republic of Moldova	Ukraine
Burkina Faso	Greenland	Mauritania	Romania	Uruguay
Burundi	Guam	Mauritius	Russian Federation	Uzbekistan
Cabo Verde	Guatemala	Mexico	Rwanda	Vanuatu
Cambodia	Guinea	Micronesia (Fed. States of)	Sao Tome and Principe	Venezuela (Bolivarian Rep. of)
Cameroon	Guinea-Bissau	Mongolia	Senegal	Viet Nam
Central African Republic	Guyana	Montenegro	Serbia	Yemen
Chad	Haiti	Morocco	Sierra Leone	Zambia
China	Honduras	Mozambique	Singapore	Zimbabwe
China, Hong Kong SAR	India	Myanmar	Solomon Islands	
China, Macao SAR	Indonesia	Namibia	Somalia	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

### SECTION 1

- |  |     |    |
|--|-----|----|
| • Did you select any of the countries above?   | Yes | No |
| • Are you enrolled in Nursing (Dallas or Houston), Dental Hygiene (Denton), or Nutrition (Denton)? | Yes | No |
| • Have you ever had a BCG vaccine (Bacillus Calmette-Guerin)?                                      | Yes | No |
| • Have you ever had a positive TB SKIN Test (PPD) and did NOT take antibiotics for it?             | Yes | No |
| • Have you EVER had a TB BLOOD Test (IGRA, QuantiFERON, T-Spot)?                                   | Yes | No |
| • Do you have cancer, HIV/AIDS, kidney disease or any immunosuppressive condition?                 | Yes | No |
| • Do you take immunosuppressive medication such as steroids, biologics or chemotherapy?            | Yes | No |
| • Have you ever had an atypical mycobacteria infection?  | Yes | No |

**Any YES answer requires TB BLOOD Test with T-Spot or QuantiFERON Gold; TB Skin Test is NOT accepted.**

### SECTION 2

- |   |     |    |
|---|-----|----|
| • Have you ever had a positive TB Blood Test?       | Yes | No |
| • Have you ever taken antibiotics for tuberculosis? | Yes | No |

**A YES answer in Section 2 requires you to have a Chest X-Ray and Tuberculosis Clearance Statement** the *first time* TB documentation is submitted. Subsequent screening requires only Tuberculosis Clearance Statement if there are no symptoms of active TB.

Student Name \_\_\_\_\_

TWU Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and TB result record must be uploaded to TWU Patient Portal** <https://patient-twu.medicatconnect.com/default.aspx>. For questions or help completing this form, please contact TWU Student Health Services Immunization Compliance at (940) 898-3825, message using the TWU Patient Portal, or email [Immunization@twu.edu](mailto:Immunization@twu.edu).

## **TWU Student Tuberculosis Screening and Case Management Policy Requirements**

New International Students and those considered to be international by TAC §21.25(c) (formerly, HB 1403) or TEC 54.052 due to birth or residence outside of the U.S.

- Must complete the TB screening process prior to the first day of class.
- Must submit the TWU Tuberculosis (TB) Screening Requirement Form for New Students
  - Individuals who answer YES to any risk factor for TB are required to have a TB Blood Test
  - Individuals born, resided in, or traveled to countries at low risk for TB who also answer NO to all risk factor questions submit only the completed Form (TB Blood Test not required)
- **Tuberculin Skin Testing is NOT accepted for screening for these students**

### **Tuberculosis Testing Procedure for those answering YES to any question on the Screening Form**

- TB Blood Testing using T-Spot or QuantiFERON Gold required
  - Testing must be done in the United States within 365 days prior to the first day of classes upon entrance into TWU
  - Acceptable sites for TB screening include TWU Student Health Services, TWU subcontracted health clinics in Dallas and Houston, US licensed private physicians, and US licensed medical clinics
  - Students who have previously taken antibiotics for TB do not need a TB Blood Test, see below for alternate requirements
- Students with negative TB Blood Test results submit test results with Form; no additional testing required
- All students with positive TB blood test results must submit BOTH of the following:
  - Chest x-ray results from x-ray obtained in the U.S. within 365 days prior to the first day of classes upon entrance to TWU
  - Completed Tuberculosis Clearance Statement signed by a U.S. licensed medical professional
- Students treated with antibiotics for TB infection (active or latent) in the past must submit ALL of the following:
  - Chest x-ray results from x-ray obtained in the U.S. within 365 days prior to the first day of classes upon entrance to TWU
  - Proof of antibiotic treatment, including duration of therapy
  - Completed Tuberculosis Clearance Statement signed by a U.S. licensed medical professional
  - New TB blood testing is not required
- Chest x-ray submission requires the following to meet compliance requirements
  - Positive TB Blood Test results AND/OR proof of antibiotic treatment for TB with duration of therapy
  - Completed Tuberculosis Clearance Statement signed by U.S. licensed medical professional
  - Chest x-ray and Statement without test results or proof of antibiotics is NOT accepted
- Non-compliance with this policy will prevent students from registering for classes.

For additional information, please refer to the TWU Student Tuberculosis Screening and Case Management Policy <https://servicecenter.twu.edu/TDClient/KB/ArticleDet?ID=34896>

For questions, please call TWU Student Health Services at 940.898.3825 or visit TWU SHS website <https://www.twu.edu/student-health-services/tuberculosis-screening/>