

Immunization Requirements for Occupational Therapy Program At Texas Woman's University

Immunization Compliance Inquiries to:
Immunization Program Phone: (940) 898-3825
P.O. Box 425467 (88) 898-8825
Denton, TX 76204-5467
<https://patient-twu.medicalconnect.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.medicalconnect.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. **TB Blood Testing Only (Quantiferon Gold or T-Spot).** TB Skin testing not accepted.

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 – **Only required if Hepatitis B Series not completed.**

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

Student must sign record to be complete:

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 Spring 2023

Texas Woman's University Student Health Services

Tuberculosis (TB) Screening Requirement Form for Health Profession Students

Please CIRCLE or HIGHLIGHT any/all countries you were born, resided in, or traveled to, then answer the questions below.

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

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

Section 1

- Were you born, resided in, or traveled ≥ 8 weeks to any location listed above? Yes No
- Have you ever had a positive TB skin test and did NOT take antibiotics for it? 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 Testing using T-Spot or QuantiFERON Gold; TB Skin Testing 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 ID# _____ DOB: _____

Student signature _____ Date _____

Submit form to TWU Student Health Services Immunization Compliance Specialist by fax (940) 898-3849, mail P.O. Box 425467 Denton, TX 76204-5467, or hand deliver to Student Health Service on the TWU Denton Campus

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/international-students/>

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