



College of Health Sciences  
Biomedical Sciences Department

## HEALTH STATUS ASSESSMENT

NAME \_\_\_\_\_ STUDENT # \_\_\_\_\_

**TO PHYSICIAN:** This UWM student is required to have a complete health status assessment before starting their clinical laboratory training. Please indicate the dates the following tests were completed:

Physical Examination _____	<u>Immunizations:</u> see attached form for guidelines
History _____	Hepatitis B: #1 _____
Height/Weight/ BP _____	#2 _____
Vision Screen & Test for Color Blindness _____	#3 _____
TB Skin Test <u>or</u> Chest X-ray _____ <u>or</u> Blood Assay (QFT, TSPOT) (within 3 months prior to starting clinical training)	MMR: #1 _____ #2 _____ (Measles, Mumps, Rubella)
Drug Screen _____ (Please attach a copy of the report to this form)	Tetanus-diphtheria-pertussis (Tdap): _____
	Varicella (Chicken Pox): _____
	Influenza vaccine: _____

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Address : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Return completed form to:**  
Cindy Brown, Undergraduate Programs Director  
UW-Milwaukee  
College of Health Sciences  
BioMedical Sciences Department  
Enderis Hall – Room 467  
P.O. Box 413  
Milwaukee, WI 53201

Fax: 414/229-6227 Phone: 414/229-5299 E-mail: [cbrown@uwm.edu](mailto:cbrown@uwm.edu)

## Immunization Guidelines for the Required Immunizations

**Please provide documentation (day/month/year) of vaccines and/or antibody titers on the Health Status Assessment form.**

### **Hepatitis B** Proof of either:

- A complete three-injection series of hepatitis B vaccinations
- A serum titer confirming immunity

Note: The hepatitis B injection series is a 4-6 month process. There must be a minimum of four weeks between the 1<sup>st</sup> and 2<sup>nd</sup> immunization, minimum of eight weeks between the 2<sup>nd</sup> and 3<sup>rd</sup> immunization, and a minimum of sixteen weeks between the 1<sup>st</sup> and 3<sup>rd</sup> immunization.

### **Measles (Rubeola), Mumps, Rubella (MMR)** Proof of either:

- 2 MMR's, 1 month apart with the 1<sup>st</sup> dose after the first birthday, and the 2<sup>nd</sup> dose at least 1 month thereafter
- Serum titer confirming immunity

Note: **ALL** students are required to show proof of rubella.

### **Tetanus – Diphtheria – Pertussis (Tdap)**

Proof of a tetanus–diphtheria–pertussis vaccination within the last 10 years from the start of the clinical training.

### **Varicella (Chicken pox)** Proof of either:

- Documentation of 2 doses of varicella vaccine 4 weeks apart, or
- A serum titer confirming immunity

Note: The varicella injection series is a four-week process.

Note: If first dose of varicella was received prior to thirteen years of age only one dose necessary.  
Proof of date of birth must be included.

### **Influenza**

- Medical documentation of annual immunization
- If student identifies a “medical Exemption”, documented validation by primary care provider required
- If student identifies a “religious exemption”, documented validation by clergy required

### **TB Skin Test**

- A 2-step skin test with negative results within 3 months of initial clinical start for students who have never had a skin test done
- A skin test with negative results within 3 months of clinical start for students with documented history of previous skin tests
- Quantiferon TB test acceptable in lieu of annual TB skin test
- Negative chest x-ray post TB skin test conversion, with annual symptom survey
- Documented validation of negative chest x-ray dated post positive TB skin test conversion
- If a student is positive for active TB disease, they must participate in an active treatment plan
- Student not eligible to participate in clinical practicum until such time as medical provider determines that they are not communicable

### **Drug Screen - A 10 panel drug screen** is required.

- A negative result will require no further screens unless indications of impairment are present
- A positive result will require additional testing under the supervision of a Medical Review Officer

Norris Health Center provides a 10 panel drug screen which includes: alcohol, amphetamines (includes methamphetamine), barbiturates, benzodiazepines, cocaine, cannabinoids, methadone, opiates, oxycodone, suboxone. The cost is \$30.

Other area locations that perform 10 panel drug screens include:

Assurance: <http://assurancedrugtesting.com/>

Any Lab Test Now: <http://www.anylabtestnow.com/>

Concentra: <http://www.concentra.com/employers/occupational-health/>

