



Health Screening Verification Form and Immunization Policy

South College Orlando PA Program

In accordance with ARC-PA standards, the South College Orlando PA Program requires students to adhere to current Center for Disease Control (CDC) vaccination (<https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>) and tuberculosis recommendations (<https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/>) for healthcare personnel. As such, all students are required to receive and maintain immunizations as mandated in the chart below.

Proof of immunization, serologic immunity, or initiation of vaccination series is required prior to initial entry into the program and must be updated annually as necessary. All vaccination series must be completed and updated with boosters as necessary prior to initiation of supervised clinical practice experiences. The only acceptable forms of written proof include: 1) legible photocopies of original immunization cards, 2) legible note on clinic letterhead, signed by clinician who verifies numbers and dates of vaccines, and 3) legible photocopies of lab or x-ray results printed with student name and lab identifier.

Required Immunizations & Vaccinations	
Immunization/Vaccination	CDC Recommendation
MMR Measles, Mumps, Rubella	1. Two dose vaccination given at least 28 days apart <u>OR</u> 2. Serologic evidence of immunity.
Tdap Tetanus-Diphtheria-Pertussis	One time does of Tdap <u>AND</u> Td Booster every 10 Years thereafter.
Varicella	1. Two dose vaccination given at least 28 days apart <u>OR</u> 2. Serologic evidence of immunity.
Hepatitis B	1. 2-dose (<i>Heplisav-B</i>) or 3-dose (<i>Engerix-B</i> or <i>Recombivax-HB</i>) Hep B vaccine regimen on a routine schedule <u>AND</u> 2. Anti-HBs a minimum of 1-2 months after series completion. <ul style="list-style-type: none"> If anti-HBs is negative, student is required to receive additional 2-dose (<i>Heplisav-B</i>) or 3-dose (<i>Engerix-B</i> or <i>Recombivax-HB</i>) Hep B vaccine regimen on a routine schedule, followed by repeat anti-HBs testing. If anti-HBs is negative after two complete series, student is considered a “non-responder” and should be tested for HepB surface antigen (HBsAg) and counseled by primary care provider.
Annual Influenza	1 dose of influenza vaccination between October 1 – October 31 annually.
Required Screenings & Clearance Forms	
Form	South College Requirement
TB Screening & Evaluation Tool (Annual Tuberculosis Screening)	1. <u>Two-Step Testing</u> : Two separate Mantoux PPD skin tests done 1 – 3 weeks apart (within 3 months prior to arrival at South College). <u>OR</u> 2. Interferon gamma release assay (IGRA) TB blood test (within 3 months prior to arrival at South College). <u>AND</u> Submission of the TB Screening & Evaluation Tool . If either of the above tests are positive, Chest X-Ray and medical evaluation are required to determine latent vs. active TB infection. *CXR is considered protected health information and will not be viewable to South College PA Faculty/Staff per ARC-PA Standard A3.19.
Health Appraisal and Physical Examination Form*	Health Appraisal and Physical Examination Form completed and signed by your health care provider (MD, DO, PA or NP). <i>*Form will not be viewable to South College PA Faculty/Staff per ARC-PA Standard A3.19.</i>
Student Fit for Duty Form	Student Fit for Duty Form completed and signed by your health care provider (MD, DO, PA or NP)



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Immunization/Vaccination	Acceptable Documentation
Vaccination records	Documentation from your health care providers office or community health department that clearly shows your name, name of vaccination, and date(s) of administration.
Serologic evidence of immunity	Qualitative or quantitative titer lab report that clearly shows your name, name of test, and results.
Tuberculosis Screening	1. TB SCREENING & EVALUATION FORM AND 2. TB Testing: <u>TST</u> – Documentation from health care provider's office that clearly shows your name, name of test, date of placement, date read (48-72 hours from placement) and test result (positive results should be reported in mm) (OR) <u>IGRA</u> – Lab report that clearly shows your name, name of test, date of test and test result.
Influenza Vaccination	Documentation from the providing clinic that clearly shows your name, name of vaccination for current year, date of administration and lot number.
Other Accepted Documentation	We will also accept a signed and attested letter from your provider, on original clinic letterhead, verifying numbers and dates of vaccinations.

COVID-19

The program follows current CDC guidelines for COVID-19, which recommend but do not require vaccination. However, if a clinical rotation site, hospital, or affiliated learning location requires COVID-19 vaccination, students must provide proof of immunization in order to participate, regardless of institutional policy.

Elective Immunizations

Additional elective vaccinations may be recommended by a student's medical provider based on individual risk factors. The decision to receive these vaccines is at the sole discretion of the student and their healthcare provider. Elective immunizations are not program requirements. Examples may include, but are not limited to, **pneumococcal, meningococcal, polio, and hepatitis A vaccines.**

Immunizations & Pregnancy

Additional routine vaccinations administered during pregnancy are not program requirements. Certain vaccines may be indicated and recommended by an obstetric provider based on individual risk factors. The decision to receive these vaccinations is at the sole discretion of the student and their medical professional. For more information, refer to CDC guidelines on immunizations during pregnancy: <https://www.cdc.gov/vaccines-pregnancy/>

Vaccine Exemptions

Exemptions from influenza and other vaccines may be considered in cases of documented medical contraindications. Students seeking exemption must submit valid documentation supporting their qualification. Because medical exemptions involve protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), the program requires submission of a signed Vaccine Deferral Form. This form confirms exemption status without disclosing specific medical details to the program. The Vaccine Deferral Form must be submitted in place of standard immunization records.

Exemption Disclaimer: Granting an immunization exemption does not guarantee placement for supervised clinical practice experiences (SCPEs). Clinical sites may enforce their own immunization requirements. As a result, exemptions may lead to delayed progression or inability to complete program requirements.

Cost

Any costs associated with completion of the health screening verification process remain the sole responsibility of the student.

Questions

If you have questions regarding health screening requirements, vaccinations, or TB screening, please contact the program at PAOrlando@south.edu.



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Student Fit for Duty Form

Instructions:

This form must be completed and signed by a licensed healthcare provider. It confirms that the student has fulfilled all health screening requirements for program entry. No personal health details are needed.

I. Student Information

- **Full Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____

II. Verification of Health Screening Requirements (Provider to Complete)

The following requirements have been verified as complete for the above-named student:

- Health Appraisal and Physical Examination Form
- Student Fit for Duty Form
- Immunizations:
 - MMR (Measles, Mumps, Rubella)
 - Tdap (Tetanus, Diphtheria, Pertussis)
 - Varicella (Chickenpox)
 - Hepatitis B Series
 - Influenza (current flu season)
- TB Screening (PPD or IGRA)

III. Provider Certification

By signing below, I certify that I have verified completion of all required health screenings and immunizations for the above-named student.

Provider Name:

Provider Signature:

Date:

Practice Name:

Practice Address:

Phone Number: