Dear Incoming PA Student,

There are several forms which must be completed by your healthcare provider prior to matriculation. Completion of these forms will ensure that you meet all State, University and Program health requirements for enrollment.

UNIVERSITY STUDENT HEALTH SERVICES FORMS

If you are new to Seton Hall, you must supply information to the Student Health Services related to your medical and vaccination history. This information is submitted via the website.

The required information and downloadable forms can be found on the Health Services website. Please visit the Seton Hall Home Page (www.shu.edu) and type “Health Services” in the search box at the upper right. You will find links to download and upload the required forms under the “Health Requirements” heading.

PA PROGRAM FORMS

The Medical Clearance Form is required and should be returned directly to the PA Program. This form is mailed to all incoming students and contains additional requirements above and beyond those required of other university students. It requires your healthcare practitioner to examine you to ensure that you have no medical conditions which could interfere with your clinical responsibilities. It also ensures that your vaccinations are up to date and that you have been screened for tuberculosis. Please ensure that your healthcare provider completes this form in its entirety to avoid delays and complications. This form:

- Requires a physical examination from a licensed physician, physician assistant or nurse practitioner.
- Requires demonstration of immunity to measles, mumps, rubella, tetanus, hepatitis B and varicella (chicken pox).
- Requires screening for tuberculosis. This Program screening requirement supersedes any other University requirements regarding tuberculosis screening.
  - A one-step PPD is sufficient if the student has documentation of negative PPD within the last 12 months
  - Most incoming students will require a two-step PPD
  - Incoming students with a history of a positive PPD will require a chest x-ray

The next page of this form contains instructions for your healthcare provider. Please give it to them to review to avoid compliance issues. Please retain a copy of all documents submitted.
Dear Healthcare Provider:

Students matriculating into the Physician Assistant program are required to meet CDC recommendations for immunizations and tuberculosis screening for healthcare providers. Students must also receive a comprehensive physical examination. The instructions below will help ensure student compliance with Program requirements. All requested information must be supplied on the attached “Incoming PA Student Medical Clearance” form.

### History and Physical Examination

Students are required to undergo a comprehensive physical examination to ensure that they are equipped to meet the demands of a career in healthcare. It is not necessary to provide a full report of this examination. Please simply indicate your recommendation on the Medical Clearance form. The physical examination must include:

- Vital signs
- Skin and Lymphatics
- Eyes (including acuity)
- Ears (including acuity)
- Nose
- Oral cavity and throat
- Pulmonary
- Cardiac
- Abdomen
- Genital
- Extremities
- Back/Spine
- Neurologic
- Psychiatric

### Immunization History

#### Required Immunization

All students must have been immunized against diphtheria, pertussis and tetanus within the last 5 years. Please provide a booster if the student has not been immunized within the past 5 years.

#### Required Titers

All students must demonstrate serologic immunity to varicella, measles, mumps, rubella and hepatitis B. Titers must be no older than 3 years. Please attach copies of all laboratory reports for titers and provide booster vaccinations as necessary.

### Tuberculosis Screening

All students are required to undergo ANNUAL tuberculin skin testing (PPD) unless they provide documentation of a previous positive PPD. Monovac and Tine testing are not acceptable substitutes for PPD testing. An intradermal PPD test must be placed and read within 48-72 hours by a licensed physician, physician assistant, nurse practitioner or registered nurse.

**Condition** | **Required Testing**
---|---
Student has had a documented negative PPD in the previous 12 months. | Single-step PPD read with 48-72 hours
Student:
- Has never had a PPD
- Last received a PPD test > 12 months before entering the program
- Had an undocumented positive PPD result
- Had a previous BCG vaccination | Two-step PPD performed 1-3 weeks apart
Student has a history of positive PPD | Chest radiograph. Please attach radiology report.
Student: ___________________________________________  Date of Birth: __________________

Matriculation Semester:  Fall, _____________

This form must be completed by a licensed physician, physician assistant or nurse practitioner. Please be sure to complete this form in its entirety. Failure to do so may cause a delay in matriculation or may render a student unable to participate in clinical experiences.

### Physical Examination Findings

Please sign in one of the boxes below to indicate your recommendation related to your history and physical examination findings. Your signature certifies that you have taken a history and performed a comprehensive examination as described in the attached “Instructions for Healthcare Provider.”

- [ ] This student is free of any physical or mental impairment(s) which may pose a potential risk to him/herself or to patients or which may interfere with the performance of clinical responsibilities.
- [ ] This student can perform clinical responsibilities safely, subject to the following accommodation(s):
- [ ] This student cannot be cleared to practice in a clinical environment at this time.

### Immunization History

All students are required to meet the following immunization requirements. Please provide copies of all laboratory reports as indicated. Immune titers must be no older than 3 years.

**Diphtheria/Pertussis/Tetanus: Document vaccination performed within the previous five years**

Date of Immunization:  ___________/____________/__________

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Labcorp</th>
<th>Quest</th>
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</thead>
<tbody>
<tr>
<td>Rubeola (Measles) IgG Titer</td>
<td>096560</td>
<td>52449W</td>
</tr>
<tr>
<td>□ Immune (attach lab report) - No further action required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Non-Immune – Please provide documentation of dates that 2 doses of MMR vaccine were received. If documentation is not available, student must be re-vaccinated.</td>
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<tr>
<th>Mumps IgG Titer</th>
<th>096552</th>
<th>64766R</th>
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</thead>
<tbody>
<tr>
<td>□ Immune (attach lab report) - No further action required</td>
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<td></td>
</tr>
<tr>
<td>□ Non-Immune - Please provide documentation of dates that 2 doses of MMR vaccine were received. If documentation is not available, student must be re-vaccinated.</td>
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<tr>
<th>Rubella (German Measles) IgG Titer</th>
<th>006197</th>
<th>83626F</th>
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<tbody>
<tr>
<td>□ Immune (attach lab report) - No further action required</td>
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<td></td>
</tr>
<tr>
<td>□ Non-Immune - Please provide documentation of dates that 2 doses of MMR vaccine were received. If documentation is not available, student must be re-vaccinated.</td>
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Varicella (Chicken Pox) IgG Titer
Labcorp: 096206   Quest: 54031E

□ Immune (attach lab report) - No further action required

□ Non-Immune - Please provide documentation of dates that 2 doses of varicella vaccine were received. If documentation is not available, student must be re-vaccinated.

Hepatitis B Surface Antibody Titer
Labcorp: 006395   Quest: 51938W

□ Immune (attach lab report) - No further action required

□ Non-Immune – Either: 1. Administer 1 dose of HBV and re-titer in 4-8 weeks OR 2. Administer three dose vaccine series and re-titer in 4-8 weeks.

Tuberculosis Screening

Tuberculosis screening is required of all students. If there is documented evidence of a negative PPD within 12 months, a one-step PPD is sufficient. All other students must receive a two-step test.

<table>
<thead>
<tr>
<th>PPD #1</th>
<th>PPD #2</th>
<th>If history of positive PPD or if positive PPD noted at this time, please provide a copy of a radiology report for a chest radiograph and details of any treatment(s) administered</th>
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<tbody>
<tr>
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<tr>
<td>Read: <em><strong><strong>/</strong></strong></em>/______</td>
<td>Read: <em><strong><strong>/</strong></strong></em>/______</td>
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<td>Finding: _________ mm induration</td>
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Medical Clearance – Final Recommendation

I have examined the above-named student, reviewed their immunization history, and screened them for tuberculosis. I find this student meets the immunization requirements as described above and is free from contagious disease. In my judgement this student is physically and mentally fit to begin working in a clinical environment.

Signature: _____________________________________________ Date: _________________
Name: ________________________________________________ MD DO PA NP
Address: _____________________________________________________________________
Phone: (_______)___________________

Student, please return this completed form by August 15 to:

School of Health and Medical Sciences
Physician Assistant Program – Medical Clearance
400 South Orange Ave
South Orange, NJ 07079