

Auburn University

HARRISON SCHOOL OF PHARMACY

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Greetings Class of 2011!

Congratulations on your acceptance to Auburn University Harrison School of Pharmacy. I look forward to meeting you and to working with you during your enrollment. The purpose of this letter is to explain the health requirements and to make this process as easy as possible. Requirements are explained below. Failure to complete and/or maintain these requirements is considered a professionalism issue and will negatively affect your grade in PPE. It may also prevent you from being allowed to visit PPE patients or result in remedial measures. **NOTE: These are the health requirements of the Harrison School of Pharmacy. There are separate requirements and forms for Auburn University. We do not have access to the records of Auburn University's Medical Clinic, nor can we request your records from your physician.**

TB SKIN TEST or PPD: The Mantoux tuberculin skin test is the standard method for identifying persons infected with *M. tuberculosis*. You can get this test at your local health department, family physician's office, or medical clinic. You are required to go back 2-3 days later and have a qualified healthcare professional read and record your results (**in mm**) on the enclosed Health Records Report (HRR). If you have had a positive TB skin test before, you should not get another skin test but should provide documentation of your chest x-ray results and proof of any treatment that was required. We do not need copies of the X-ray, but your doctor should document the findings along with recommendations for the future. **Annual TB skin testing (or the completion of a symptoms screening form for those who have tested positive) is required throughout your enrollment in the Harrison School of Pharmacy. Important:** Please inform the provider of the TB skin test that you are held to healthcare provider standards regarding the test results. This means that if your TB skin test result is measured at 10 mm or larger, you must be referred for a chest x-ray. This is true even if you have previously received the BCG vaccine.

MMR: Two doses of measles vaccine are routinely recommended for all children. The vaccine is administered as the MMR combination, and the doses are separated by at least 4 weeks. Widespread outbreaks can occur on college campuses so check with your healthcare professional to see if you should receive a booster. **Proof of 2 doses is required for The School of Pharmacy and should be recorded on the HRR. The last dose must be since 1980.**

Hepatitis B: This is a serious disease caused by a virus that attacks the liver. You are at risk for the disease when you are exposed to blood/body fluid from an infected person. You can substantially reduce your risk of infection by obtaining the Hepatitis B vaccinations. We follow the guidelines of the CDC, which are to have three injections followed by a post-vaccination titer. You can find the injection schedule on the HRR. For best results, the post-vaccination titer should be done 4-8 weeks after the last vaccination. **The titer should be quantitative, i.e. measure a numerical value and not just state "positive" or "negative". You are required to at least start the series before July 17, 2007. The series must be completed before the end of the second semester.**

Varicella: Varicella is better known as Chicken Pox. It is a highly contagious disease that affects more than 95% of Americans before adulthood. The School of Pharmacy will accept written documentation that you have

had Chicken Pox. Your parent or health care provider can document this on the HRR by making a statement of the year when you had Chicken Pox. If you have had the vaccine that became available in 1995, you should have your healthcare professional document it on the HRR. The vaccine consists of two doses given 4-8 weeks apart.

CPR and First Aid: The School of Pharmacy requires evidence that you have successfully completed live (i.e. not online) courses in Adult CPR and in First Aid. We recommend that you contact your local chapter of the American Red Cross, area hospital, or police or fire department for certification. **You need to submit a photocopy of your certification cards showing the expiration date. CPR and First Aid certification is a requirement that must be kept current throughout your enrollment in the School of Pharmacy.**

If you would like more information on these health topics, I recommend that you visit the Centers for Disease Control and Prevention website at www.cdc.gov under *Health Topics A-Z*. You may also call your healthcare professional or the Alabama Health Department.

Remember, these are requirements of Harrison School of Pharmacy and it is your responsibility to provide required documentation. Please send only photocopies to me as I will not be able to return originals to you. **We do not have access to the records of Auburn University's Medical Clinic, nor can we request your records from your physician. You must submit the completed HRR and other documentation to me before July 17, 2007.**

**There are separate medical forms that are required by Auburn University. Failure to complete their forms will create a hold on your university account and you will not have access to your schedule. You should send those requirements separately to the Medical Clinic to the address indicated on their forms.

Should you have any questions, please email me at mapletw@auburn.edu or call me at 334-844-8345.

War Eagle!

Tara W. Maple
Coordinator, Early Practice Experience

Health Records Report (HRR)

Harrison School of Pharmacy

Please Print, Complete and Return

Name _____ Social Security _____
LAST FIRST M.I.

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ Semester entering School of Pharmacy **Fall 2007**

Tuberculin Skin Test (PPD): Must be administered since January 1, 2007

Providers: This student is held to healthcare provider standards if the test is positive!

Date PPD given: _____ Result of PPD (**recorded in mm**) _____

Date PPD read: _____ **Provider Signature:** _____

Complete this section only if TB Skin Test was POSITIVE. A chest x-ray and medical evaluation will be required periodically according to the Alabama Health Department guidelines.

Chest X-ray results (i.e. negative or positive) _____ Date of X-ray _____

Medical plan (i.e. medication, repeat x-ray) _____

Date next X-ray is required _____

Clinic Name and address _____

Physician Signature _____

Measles Mumps Rubella (MMR): Measles vaccine, Live Attenuated. Required if born after 1957.

Date of 1st Dose: _____ / _____ / _____ Date of 2nd Dose _____ / _____ / _____

Clinic Name and address _____

Provider Signature _____

Hepatitis B Vaccination: Series of three followed by post-vaccination titer - must have at least the first injection before July 17, 2007. Submit documentation of subsequent injections as you have them done.

1) Date of first injection _____ / _____ / _____

2) Date of second injection _____ / _____ / _____ (one month after first injection)

3) Date of third injection _____ / _____ / _____ (six months after first injection)

4) Submit signed copy of **quantitative** titer results. (For best results, should be in the 4-8 week time period after last injection.)

Clinic Name and address _____

Provider Signature _____

Varicella (Chicken Pox) Record of immunization against the disease or written statement documenting that student had Chicken Pox.

Date of 1st Dose: _____ / _____ / _____ Date of 2nd Dose _____ / _____ / _____

Healthcare Provider Signature _____

OR Parent/Guardian Documentation _____

Return documentation (including CPR and First Aid) by July 17, 2007.
 Office of Experiential Learning, 1202F Walker Building, Auburn University, AL 36849