

Incoming PA Student Medical Clearance

Dear Incoming 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. Please note that some forms must be returned to the student health center while other must be sent directly to the PA Program.

UNIVERSITY STUDENT HEALTH SERVICES FORMS

The University Health Form is required and should be returned directly to Student Health Services. This form ensures that you are compliant with state requirements for students. The form may be downloaded at:

http://www.shu.edu/offices/upload/Health_Form_Final_2011.pdf

- This form provides Student Health Services with your medical history.
- You are required to submit proof of health insurance to Student Health Services.
- Requires demonstration of vaccinations against or immunity to measles, mumps, rubella, tetanus, and hepatitis B.

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. **ALL INCOMING PA STUDENTS WILL BE SCREENED FOR TUBERCULOSIS.**
 - A one-step PPD is sufficient if you have documentation of negative PPD in 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.



Instructions for Healthcare Provider

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 indicated.

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: <ul style="list-style-type: none"> • 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.



SCHOOL OF HEALTH
AND MEDICAL SCIENCES
Physician Assistant

SETON HALL UNIVERSITY

Incoming PA Student Medical Clearance

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: _____/_____/_____

Rubeola (Measles) IgG Titer

Labcorp: 096560 Quest: 52449W

- Immune (attach lab report) - No further action required
- Non-Immune - Re-immunization required. Date(s) administered:

Mumps IgG Titer

Labcorp: 096552 Quest: 64766R

- Immune (attach lab report) - No further action required
- Non-Immune - Re-immunization required. Date(s) administered:

