



## Indiana University School of Dentistry Health Requirements for Matriculation

For the protection of students and the patients with whom they will come in contact during training, all entering students must meet established health requirements. **IMMUNIZATION DOCUMENTATION IS DUE 60 DAYS PRIOR TO START OF CLASS!**

Please print the Immunization Checklist form, ensure all required and applicable documentation is attached, and send the documents to IUPUI Campus Health as follows:

Scanning: [healthsv@iupui.edu](mailto:healthsv@iupui.edu) OR Fax: 317-278-6929

\*PLEASE NOTE - When corresponding via email, include Last Name, First Name, School, and Graduation Class in the Subject Line\*

### 1. Immunization Checklist Form:

**Copies of clinical records MUST be attached for each vaccine or lab test to be considered VALID.**

- ✓ **Hepatitis B** – The vaccine is administered in a series of 3 injections at 0, 1, and 6 months. Students admitted at least 6 months prior to the beginning of classes must provide documentation of completion of the series **OR** proof of an immune Hepatitis B antibody titer. Students admitted later must at least provide documentation of starting the series prior to attending class. All students must show evidence of having begun the series at the time this form is due.
- ✓ **Measles, Mumps, Rubella (MMR)** – Proof of 2 vaccinations at least 28 days apart **OR** proof of an immune antibody titer for EACH disease is required. *If you have received individual vaccinations for Measles, Mumps, or Rubella, proof of 2 vaccinations for each individual disease is required.*
- ✓ **Tetanus/Diphtheria and Acellular Pertussis (Tdap)** – One lifetime booster as an adult is required. The Tdap vaccination was first available in 2005.
- ✓ **Varicella (Chicken Pox)** – Proof of 2 vaccinations at least 28 days apart **OR** proof of an immune Varicella antibody titer is required. Having the disease as a child is **NOT** proof of immunity.
- ✓ **Tuberculosis** – Prior to beginning classes, new students must have two completed Tuberculin Skin Tests (TST), formerly referred to as a PPD, if there is no documented proof of a positive TST in the past. The placement of the TSTs must be  $\geq 7$  days apart. Step 1 must be within 18 months of matriculation and step 2 must be after May 1<sup>st</sup> of the year of matriculation. One interferon gamma release assay (IGRA) completed after May 1<sup>st</sup> may be substituted for the 2 TSTs. Also, if there is a known history of BCG vaccination, an IGRA blood test is preferred over TST placements.

The following **must** be included on the TST documentation in order to be considered valid:

1. **DATE** and **TIME** of Placement
2. **DATE** and **TIME** of Reading (must be within 48-72 hours of placement)
3. Results recorded in “mm”
4. Placement/Read/Documentation signed by certified medical personnel

### EXAMPLE OF VALID DOCUMENTATION:

Date Placed	Time Placed	PPD Lot #	Exp Date	Location	Placed By:	Date Read	Time Read	Results (mm)	Read By:
02/16/13	1252	123456	12/2015	RFA	MER, RN	02/18/13	1327	0mm	MER, RN
07/01/13	1501	123456	12/2015	LFA	RAF, RN	07/04/13	1246	0mm	TPW, LPN

If there is history of a positive TST or IGRA in the past, documentation of the positive result and evidence of any chest x-ray and medical treatment received must be provided. Also, for a newly positive TST or IGRA, evidence of a chest x-ray is required along with documentation of any medical treatment prescribed. A TB Symptom Questionnaire located on the IUPUI Campus Health website (<http://studentaffairs.iupui.edu/health-wellness/student-health/forms/index.shtml>) must also be completed and submitted with your documentation.

**FYI – All students will be required to participate in annual academic year TB Surveillance and Flu vaccination while attending IU School of Dentistry.**

**INCOMPLETE PACKETS ARE NOT ACCEPTABLE**

**You will be contacted via email once your documentation is received and reviewed!**



**Declaration Statement**

IUPUI Campus Health and the School require you to provide documentation of the following vaccinations at least 60 days prior to the start of class. ***Failure to submit the appropriate documentation may delay or prevent your ability to start your program.*** We highly recommend you submit your documentation as early as possible. We are not responsible if you submit documentation at the last minute that does not meet requirements.

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Rev 04/23/2015

# IUPUI Campus Health Patient Portal Pre-Registration

It is important that the steps below are completed in chronological order.

**PLEASE NOTE:** If you have already been a patient at our clinic, you do not need to pre-register. To web-enable your account, either send an email to [healthsv@iupui.edu](mailto:healthsv@iupui.edu) or call 317-274-8214 with your request. Once web-enabled, you can review and/or update your information following steps 3 – 6 below.

1. Pre-Register as a patient by going to IUPUI Campus Health's Patient Portal using the following link: <https://health.eclinicalworks.com/IUPUICampusHealth>. Click the **Pre-Register** button.



2. Fill out the starred demographic information in all three tabs and click 'Submit' when finished. You must provide an iupui.edu, iu.edu, or indiana.edu email address during registration to be web-enabled! If you do not have an iupui.edu, iu.edu, or indiana.edu address, enter your current email address and skip to step 6.

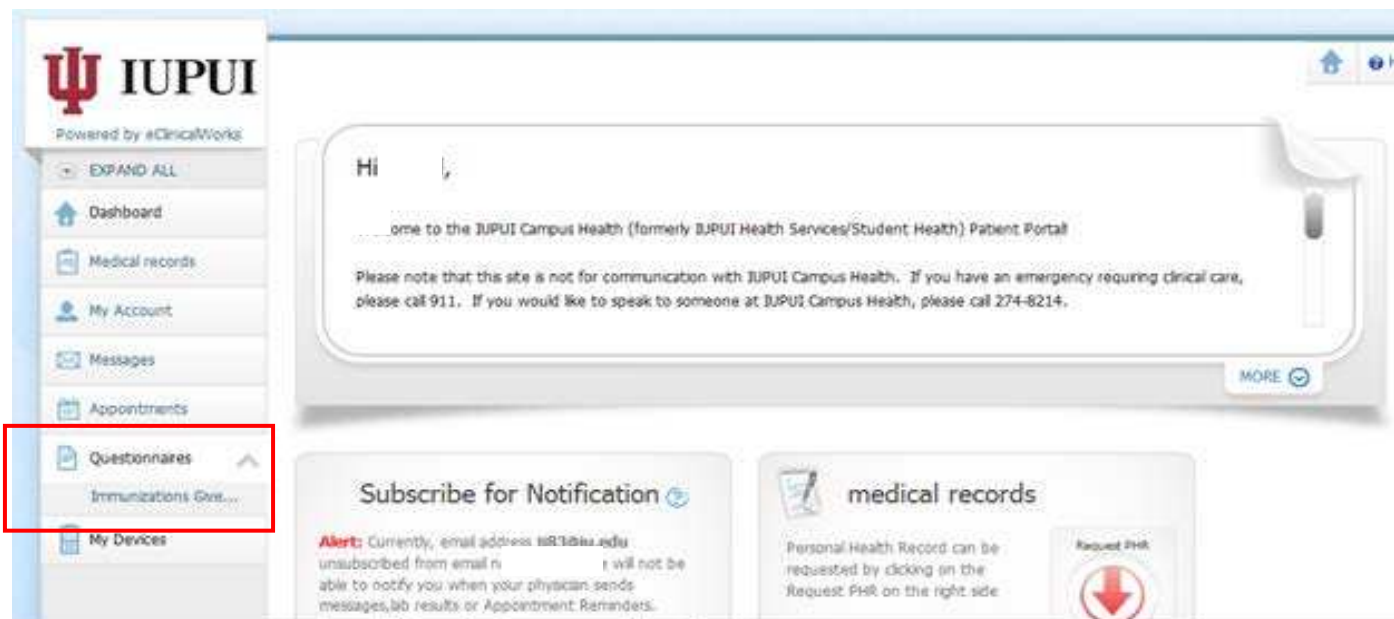
**Personal Details**   Emergency Contact   Employer

**Important !** :This is for new and prospective patients to enroll in our practice. Please do not fill the pre-registration if you are already a patient in our practice. If you need access to the web-portal or if you are having trouble logging in, please contact the practice.

\*Last Name  
\*First Name  
MI  
\*Date of Birth [mm/dd/yyyy]  
Marital Status  
\*Sex  
  ☐ Male   ☐ Female  
\*Email  
\*Address 1  
\*City   \*State   \*Zip  
Home Phone  
Work Phone   Ext  
\*Cell Phone  
Social Security

3. IUPUI Campus Health will process your submitted registration, which may take several days. After your registration is complete, IUPUI Campus Health will send you an email with your username and temporary password to log into the IUPUI Campus Health Patient Portal. Once you receive your portal access credentials, log into the Patient Portal to complete the next step. Your temporary password will expire in 48 hours. If your password expires, either send an email to [healthsv@iupui.edu](mailto:healthsv@iupui.edu) or call 317-274-8214 requesting it be reset.

4. When logged into the Patient Portal, click “Immunizations Given in the Past” under Questionnaires located on the left hand side.



5. Complete the date fields (free text or use the calendar) next to the vaccines that you have received. Leave date fields blank if you have not had that vaccine. When finished, click Submit. (Any titers, TB Surveillance, and/or additional vaccinations will be entered by our office once your completed immunization packet and supporting documentation are received.)

Please complete your health questionnaire to the best of your ability.

**Immunization**

Hepatitis B Vaccine # 1	<input type="text"/>
Hepatitis B Vaccine # 2	<input type="text"/>
Hepatitis B Vaccine # 3	<input type="text"/>
Measles Mumps And Rubella #1	<input type="text"/>
Measles Mumps And Rubella #2	<input type="text"/>
Tdap Vaccine	<input type="text"/>
Varicella Vaccine #1	<input type="text"/>
Varicella Vaccine #2	<input type="text"/>

☐ Unable to find dates of recommended vaccines.

**Present Date:** Tue Feb 03 20:30:06 EST 2015

6. Print and complete the applicable “Student Immunization Checklist”, and then fax the checklist and all supporting documents to 317-278-6929 or scan to [healthsv@iupui.edu](mailto:healthsv@iupui.edu). Please be sure to include your last name, first name, school, and graduating class in the subject line. You will receive an email once your documentation is received and reviewed.