## Immunization and Health Requirements A3.07

Enrollment and continued enrollment of accepted students to the Rowan-Virtua School of Osteopathic Medicine is conditional, based on the results of certain laboratory tests and fulfillment of immunization and other health requirements. Students who do not comply with Student Health requirements may have their acceptance withdrawn or be subject to disciplinary action or dismissal.

All PA students are required to carry health insurance coverage through the University-sponsored plan or through an alternative plan (comparative in nature) while participating in the PA Program. A copy of verification of health insurance coverage is to be submitted to the PA Office. The University-sponsored health insurance plan, <u>Aetna Student Health (PPO)</u>, can be waived if students provide proof of active health insurance and complete a Waiver of Insurance and Certification. For additional information, visit the Rowan-Virtua SOM <u>Health and Wellness</u> Resources website.

If your health insurance is terminated for any reason, or if you are about to turn 26 years old soon, please contact Dean Micciche at miccicda@rowan.edu for health insurance options.

In order to ensure the safety of students, staff, clinical agency personnel, and patients, and to comply with clinical agency contract mandates, no student will be permitted to participate in PA courses, assignments or clinical rotations unless they have been medically cleared.

The following Immunizations or positive titers are required for all PA students as recommended by the <u>CDC's guideline for health care professionals:</u>

#### **EXHIBIT A**

# Summary of Student Immunization and Health Requirements\*

|                                  |                |                  | NO CLINICAL              |                  |
|----------------------------------|----------------|------------------|--------------------------|------------------|
| SUMMARY OF STUDENT               | CLINICAL       | CLINICAL         | NO CLINICAL              | NO CLINICAL      |
| IMMUNIZATION AND                 | ACTIVITIES,    | ACTIVITIES, WITH | ACTIVITIES BUT           | ACTIVITIES & NO  |
| HEALTH                           | WITH           | NO RISK OF       | RISK OF EXPOSURE         | RISK OF EXPOSURE |
| REQUIREMENTS*                    | RISK OF        | EXPOSURE TO      | TO BLOOD OR              | TO               |
|                                  | EXPOSURE TO    |                  |                          |                  |
|                                  |                |                  |                          |                  |
|                                  | BLOOD OR       |                  |                          |                  |
|                                  | POTENTIALLY    | BLOOD OR         | POTENTIALLY              | BLOOD OR         |
|                                  | INFECTIOUS     | POTENTIALLY      | INFECTIOUS BODY          | POTENTIALLY      |
|                                  | BODY FLUIDS    | INFECTIOUS BODY  | FLUIDS (e.g., in labs or | INFECTIOUS BODY  |
|                                  |                | FLUIDS           | in research)             | FLUIDS           |
| Complete bistoms and DE          | DECLUBED       |                  | ,                        |                  |
| Complete history and PE          | REQUIRED       | REQUIRED         | REQUIRED                 | REQUIRED         |
| <b>Hepatitis B</b> - serology; 3 | SEROLOGY       | VACCINE OR PROOF | VACCINE OR PROOF         | VACCINE OR PROOF |
| doses of vaccine (at least one   | REQUIRED       | OF IMMUNITY      | OF IMMUNITY              | OF IMMUNITY      |
| dose prior to any activities     | VACCINE OR     | REQUIRED         | REQUIRED POST-           | REQUIRED         |
| with any risk of exposure)       | PROOF OF       |                  | VACCINATION              |                  |
| AND serologic proof of           |                |                  |                          |                  |
| C 1                              | IMMUNITY       |                  | SEROLOGY                 |                  |
| immunity                         | REQUIRED POST- |                  | REQUIRED                 |                  |
|                                  | VACCINATION    |                  |                          |                  |
|                                  | SEROLOGY       |                  |                          |                  |
|                                  | REQUIRED       |                  |                          |                  |
| TB testing                       | REQUIRED       | REQUIRED         | REQUIRED                 | REQUIRED         |
| S                                | -              | -                | -                        | ~                |
| Measles - serologic proof of     | REQUIRED       | REQUIRED         | REQUIRED                 | REQUIRED         |
| immunity                         |                |                  |                          |                  |
| Mumps - serologic proof          | REQUIRED       | REQUIRED         | REQUIRED                 | REQUIRED         |
| of immunity                      | -              | -                | -                        | -                |
| Rubella - serologic proof of     | REQUIRED       | REQUIRED         | REQUIRED                 | REQUIRED         |
|                                  | KEQUIKED       | REQUIRED         | REQUIRED                 | REQUIRED         |
| immunity                         | DECLUBED       | REGUIRER         | DECLUBED IF              | DECLUBED IS      |
| Influenza - annual dose of       | REQUIRED       | REQUIRED         | REQUIRED IF              | REQUIRED IF      |
| vaccine in the fall              |                |                  | LOCATED IN ANY           | LOCATED IN ANY   |
|                                  |                |                  | PATIENT-CARE             | PATIENT-CARE     |
|                                  |                |                  | FACILITY                 | FACILITY         |
|                                  |                |                  | RECOMMENDED FOR          | RECOMMENDED      |
|                                  |                |                  |                          |                  |
|                                  |                |                  | ALL OTHERS               | FOR ALL OTHERS   |
| Varicella - serologic proof      | REQUIRED       | REQUIRED         | REQUIRED IF              | REQUIRED IF      |
| of immunity                      |                |                  | LOCATED IN ANY           | LOCATED IN ANY   |
| -                                |                |                  | PATIENT-CARE             | PATIENT-CARE     |
|                                  |                |                  | FACILITY                 | FACILITY         |
|                                  |                |                  | RECOMMENDED FOR          | RECOMMENDED FOR  |
|                                  |                |                  |                          |                  |
|                                  |                |                  | ALL OTHERS               | ALL OTHERS       |
| Tetanus-diphtheria-              | REQUIRED       | REQUIRED         | REQUIRED IF              | REQUIRED IF      |
| pertussis- primary series        |                |                  | LOCATED IN ANY           | LOCATED IN ANY   |
| plus Tdap booster                |                |                  | PATIENT-CARE             | PATIENT-CARE     |
| F F                              |                |                  | FACILITY                 | FACILITY         |
|                                  |                |                  |                          |                  |
|                                  |                |                  | RECOMMENDED FOR          | RECOMMENDED FOR  |
|                                  |                |                  | ALL OTHERS               | ALL OTHERS       |
| Polio - Primary 3-dose series    | RECOMMENDED    | RECOMMENDED      | RECOMMENDED              | RECOMMENDED      |
| of vaccine or booster dose(s)    |                |                  |                          |                  |
| Meningococcal meningitis         | REQUIRED IF    | REQUIRED IF      | REQUIRED IF              | REQUIRED IF      |
| - 1 dose of vaccine              | RESIDING IN    | RESIDING IN      | RESIDING IN              | RESIDING IN      |
| - 1 dose of vaccine              |                |                  |                          |                  |
|                                  | UNIVERSITY     | UNIVERSITY       | UNIVERSITY               | UNIVERSITY       |
|                                  | STUDENT        | STUDENT HOUSING  | STUDENT HOUSING          | STUDENT HOUSING  |
|                                  | HOUSING        |                  |                          |                  |
| COVID-19 – 3 dose series         | REQUIRED*      | REQUIRED*        | REQUIRED*                | REQUIRED*        |
|                                  | •              | *                | *                        | *                |

<sup>\*</sup>See the below full policy for details and for exceptions/ exemptions. <u>Immunizations and Health Requirements</u>

Candidates and students are advised to contact the Office of Admissions for additional and/or specific advice

In addition, certain states may have their own vaccination/immunization laws for healthcare workers. For more information please visit:

https://www2a.cdc.gov/vaccines/statevaccsApp/default.asp

**IMPORTANT NOTE:** Exemptions accepted by the University related to vaccination requirements do not transfer or otherwise apply to clinical placements. Each student must also comply with the vaccination requirements for all clinical sites to which such student is assigned, and students are hereby advised that many clinical sites will not accept or approve exemptions to their vaccination requirements for students. Questions about vaccination requirements for clinical placement sites should be directed to the Director of Clinical Education.

Students not complying with clinical rotation site requirements regarding vaccinations for health care workers, drug testing, background checks, or providing necessary information may have their graduations delayed and/or may not be able to complete the program. In addition to delays in graduation, students may face a professionalism review.

### **Student Participation in Clinical Education**

Students and the University must satisfy certain requirements imposed by training sites as a condition of student participation in experiential education. Additionally, prior to being permitted to begin or continue rotations at off-campus training sites, students may be required to:

- Provide a social security number
- Provide a medical history including immunity to infectious diseases by documented history of infectious diseases (e.g., measles, mumps, rubella, varicella, influenza, covid, hepatitis B) or vaccination including titers for certain agents
- Have a negative two-step PPD, or QuantiFERON gold, and/or chest x-ray (if indicated)
- Complete a physical examination
- Complete all required immunizations/vaccinations or positive titers (see below for a complete list)
- Obtain and pass a N95 fit test
- Submit to criminal background checks with disclosure to site of any convictions consistent with their criteria
- Submit to drug screens with disclosure to site of any positive findings for drugs that are taken without medical supervision (See the University Handbook for more information).
- Provide evidence of and maintain personal medical insurance coverage at all times while at off-campus training sites
- Provide BLS, ACLS, and any other clinical training certifications as required by site
- Be responsible for transportation to experiential sites
- Provide or create an NPI number

Depending on the requirements of the affiliation agreement between the SCPE site and the University, the documentation requested may be coordinated by or at the training site or facilitated by the University using campus-based programs or by an external agency. In all cases, the student is ultimately responsible for ensuring the requirements have been satisfied.

Students without completed Health Screening forms and checklist will not be permitted to participate in courses, assignments, or clinical rotations. This delay may disrupt the student's curriculum timeline and force them to sit out of the program's didactic curriculum until the following year or delay the completion of their clinical rotations. Students not complying with clinical rotation vaccination policies may have their graduation delayed and in some cases, may not be able to complete the curriculum. In addition to delays in graduation, students may face a professionalism review.

University approved vaccination exemptions may not be accepted at clinical sites, each clinical site determines their exemptions independently and the process is outside the control of the PA Program , ROWAN-VIRTUA SOM, or the University.

### **Tuberculosis Screening**

For more information see the below policy: Tuberculosis Surveillance