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Office of Clinical Placement Coordination
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↓↓↓ Checklist of Student Health Requirements for Clinical/Field Placement ↓↓↓

☐ **Physical Exam** – Must be completed using UConn Physical Exam Form (page 2)
- Clearance for N95 Mask Fit Testing required for all programs – Provider only needs to certify that student is medically eligible to be fitted for N95; UConn will arrange for fit testing if required

☐ **MMR** – Positive IgG titers required; documentation of prior vaccination not accepted
- *First Step:* Schedule and complete bloodwork
- *Next Steps:* If titer(s) are negative/equivocal, at least one booster required followed by repeat titer(s) 6-8 weeks later; provider may recommend two boosters, 28 days apart
- *Non-Responder:* If repeat titer(s) are negative/equivocal, student will be considered non-responder and non-responder form will need to be completed (page 4)
- *Submit to ADB/Complio:* Titer labwork; (as needed) required booster(s), repeat titer, and/or non-responder form

☐ **Varicella** – Positive IgG titer required; documentation of prior vaccination not accepted
- *First Step:* Schedule and complete bloodwork
- *Next Steps:* If titer is negative/equivocal, at least one booster required followed by repeat titer 6-8 weeks later; provider may recommend two boosters, 28 days apart
- *Non-Responder:* If repeat titer is negative/equivocal, student will be considered non-responder and non-responder form will need to be completed (page 4)
- *Submit to ADB/Complio:* Titer labwork; (as needed) required booster(s), repeat titer, and/or non-responder form

☐ **Hepatitis B** – Positive HBsAb titer required; documentation of prior vaccination not accepted
- *First Step:* Schedule and complete bloodwork
- *Next Steps:* If titer is negative or equivocal, begin repeat Hep B series (3-dose traditional or 2-dose Heplisav)
- *Non-Responder:* If repeat titer is negative/equivocal, student will be considered non-responder and non-responder form will need to be completed (page 4)
- *Submit to ADB/Complio:* Titer labwork; (as needed) required boosters, repeat titer, and/or non-responder form

☐ **Tdap** – Current Tetanus, diphtheria, and acellular pertussis vaccine dated within 10 years

☐ **COVID-19 Vaccine** – Completed two-dose or single-dose COVID-19 vaccine plus a booster - OR - UConn-approved medical or non-medical exemption (Note: Exemptions may not be accepted by all agencies)

☐ **Seasonal Influenza Vaccine** – Required annually from 10/1-4/1 (receive 8/1-10/1)

☐ **Polio** – Only required for Nursing and Long-Term Care Admin programs
- Option 1: Submit to ADB/Complio documentation of four childhood OPV/IPV doses administered before age 8
- Option 2: Submit to ADB/Complio documentation of positive Polio 1 and 3 titers
- Option 3: Submit to ADB/Complio documentation of one dose of adult Polio vaccine

☐ **Tuberculosis – Annual Testing Requirement**
- Option A (preferred for all programs): QuantiFERON or T-Spot Blood Test (IGRA)
  - *First Step:* Schedule and complete bloodwork for test; if positive, proceed with Option D below
  - *Submit to ADB/Complio:* Labwork showing test result
- Option B (required PPD option for most programs): Two-Step Mantoux PPD Skin Test
  - *First Step:* Schedule and complete PPD #1
  - *Next Step:* 7-21 days after PPD #1, complete PPD #2; if any test is positive, proceed with Option D below
  - *Submit to ADB/Complio:* Implant/read dates and results for each PPD
- Option C (acceptable PPD option only for Athletic Training, IONM, Pharmacy & Social Work): Single-Step PPD
  - *First Step:* Schedule and complete PPD test; if positive, proceed with Option D below
  - *Submit to ADB/Complio:* Implant/read dates and results for completed PPD
- Option D (only for students with positive TB test/history of TB): Chest X-Ray & Screening Questionnaire
  - *First Step:* Schedule and complete Chest X-Ray (must be dated within 12 months)
  - *Next Steps:* Complete TB Screening Questionnaire including provider attestation (page 3)
  - *Submit to ADB/Complio:* Chest X-Ray result and TB Screening Questionnaire

↑↑↑ Checklist of Student Health Requirements for Clinical/Field Placement ↑↑↑

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↓↓↓ Physical Exam Form to be Completed by Provider ↓↓↓

Dear Provider: As a student in one of UConn's health professions programs, your patient is preparing to begin a clinical or field placement as part of their degree. The student can provide a checklist of requirements to be completed in addition to the physical exam below. Note that all requirements are carefully curated to comply with our agency affiliation agreements. Therefore, some items may differ from standard school admission requirements or recommendations for the general public. Some quick notes that may be helpful:

- **Physical Exam N95 Clearance** – Student does not need an N95 fit test. Physical Exam form below asks you to indicate whether they are medically eligible to be fitted for an N95 mask (required per OSHA guidelines). UConn will arrange for fit testing if required.
- **Titers, boosters, and repeat titers** – Titers required for MMR, Varicella, and Hepatitis B. If student's primary titer is negative/equivocal, they must receive at least one booster and have a repeat titer at the appropriate interval after final booster.
- **Non-Responder** – If student's primary titer is negative/equivocal, they receive booster(s), and their repeat titer is negative, they will be considered a non-responder and will need to submit a completed non-responder form with provider attestation.
- **Tdap vs. Td** – All students must have a current Tdap (within 10 years). Td is not acceptable.
- **Polio (only required for some programs)** – If student's childhood vaccine records are unavailable, they must have Polio 1 and 3 titers or single dose of adult Polio vaccine. We know these items are uncommon. If ordering is causing difficulty, please consider referring student to travel medicine clinic or similar practice.
- **Tuberculosis** – Testing is an annual requirement with IGRA as the preferred option. If student opts for PPD, many programs require two-step PPD with documented implant and read dates for each PPD. If student has history of positive TB test or history of TB, chest x-ray dated within 12 months and annual screening questionnaire with provider attestation are required (see page 4).

Physical Exam – all fields required

Student Full Name: _____ DOB: _____

VITAL SIGNS

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

CHECK NORMAL/ABNORMAL FOR EACH AREA (if abnormal, include description)

	Normal	Abnormal – describe briefly			Normal	Abnormal – describe briefly
Appearance				Lungs		
Nutrition				Heart		
Skin				Abdomen		
Head/Neck				Back		
Glands				Musculo-Skeletal		
Ears/Nose/Throat				Neurological		
Eyes				Psychological		
Mouth/Teeth				Known allergies (if any):		

CLEARANCE FOR N95 FIT TESTING – *Per OSHA guidelines, N95 fit testing requires medical clearance.*

Student is medically eligible to be fitted for N95 or other respirator & to wear it while caring for patients. UConn will arrange for fit testing if necessary for student's clinical/field placement. ☐ Yes ☐ No

Provider Attestation of Student Fitness for Participation in Clinical/Field Experiences

I have reviewed this student's health history and conducted a physical examination. The information on this form is true and accurate to the best of my knowledge. It is my opinion that this student is in satisfactory physical condition to participate fully in clinical experiences required by program of study. Additionally, it is my opinion that the student is free of all communicable diseases. I have noted any limitations below.

Limitations? ☐ No ☐ Yes (please specify): _____

Provider Signature: _____ **Date:** ____/____/____ **Phone:** _____

Provider Name (printed): _____ **Address or stamp:** _____

Provider Type: ☐ MD ☐ DO ☐ APRN ☐ PA _____

↑↑↑ Physical Exam Form to be Completed by Provider ↑↑↑

↓↓↓ Annual TB Questionnaire – ONLY for history of TB and/or positive TB test ↓↓↓

This form is ***only*** to be completed by student and provider if student has a history of TB or if any current TB test (blood test or PPD) is positive. In addition to this questionnaire, student must submit most recent chest x-ray (dated within 12 months).

If student does not have a history of TB or a current positive TB test, completion and submission of this form will not lead to compliance. Please refer to checklist on page 1 of this packet and/or module 4 of the Compliance Overview Training Video Series for your program, available at http://ocpc.office.uconn.edu/students.

Student Questionnaire

Have you experienced any of the following symptoms in the past year? Please indicate yes or no for each item.

1.	Persistent productive cough?	☐ Yes	☐ No
2.	Coughing up blood?	☐ Yes	☐ No
3.	Chest pain?	☐ Yes	☐ No
4.	Shortness of breath / difficulty breathing?	☐ Yes	☐ No
5.	Unexplained fever lasting more than 3 days?	☐ Yes	☐ No
6.	Unexplained night sweats?	☐ Yes	☐ No
7.	Unexplained sudden weight loss?	☐ Yes	☐ No
8.	Unexplained fatigue / run down feeling?	☐ Yes	☐ No
9.	Unexplained swollen lymph nodes or masses in your armpit or neck area?	☐ Yes	☐ No

Student Attestation

The information presented above is true and accurate to the best of my knowledge.

Student Signature: _____ **Date:** ____/____/____

Student Name (printed): _____

Provider Attestation

Please select one:

- ☐ I certify that no treatment is currently recommended for this student.
- ☐ I certify this student is currently undergoing treatment for LTBI and that said treatment should be completed by _____ (specify date).
- ☐ I certify that this student has completed all recommended treatment.

Provider Signature: _____ **Date:** ____/____/____ **Phone:** _____

Provider Name (printed): _____ **Address/Stamp:** _____

Provider Type: ☐ MD ☐ DO ☐ APRN ☐ PA _____

↑↑↑ Annual TB Questionnaire – ONLY for history of TB and/or positive TB test ↑↑↑

↓↓↓ Non-Responder Form – ONLY if Repeat Titer(s) Negative ↓↓↓

Note to Provider: This form is **only** to be used in cases where the individual was fully immunized, has a negative/equivocal primary titer, and receives at least one booster but, despite repeat immunization, has a negative/equivocal repeat titer.

Note to Student: This form must be submitted to ADB/Complio using the corresponding category/requirement. For the form to be approved, you must document all preceding steps including negative/equivocal primary titer, booster(s) at appropriate intervals, and negative/equivocal repeat titer. Your program will be notified of your non-responder status so that your clinical/field placement agency can be notified as appropriate.

Part One – To be completed by provider

Please check immunization(s) for which individual is considered a non-responder:

- ☐ **Measles/Rubeola** – Individual has received full MMR series, primary IgG titer was negative/equivocal, individual received at least one MMR booster, and repeat IgG titer was negative/equivocal.
- ☐ **Mumps** - Individual has received full MMR series, primary IgG titer was negative/equivocal, individual received at least one MMR booster, repeat IgG titer was negative or equivocal.
- ☐ **Rubella** - Individual has received full MMR series, primary IgG titer was negative/equivocal, individual received at least one MMR booster, repeat IgG titer was negative/equivocal.
- ☐ **Varicella** – Individual has received full Varicella series, primary IgG/ACIF titer was negative/equivocal, individual received at least one Varicella booster, repeat IgG/ACIF titer was negative/equivocal.
- ☐ **Hepatitis B** – Individual has received full Hep B series, primary HBsAb (surface antibody) titer was negative/equivocal, individual received full repeat series (3-shot or 2-shot), repeat HBsAb titer was negative/equivocal.

By signing below, I certify that I have counseled the individual regarding their non-responder status including susceptibility to the disease(s) checked above, precautions to minimize potential exposure, and the need for medical evaluation if exposure occurs.

Provider Signature: _____ **Date:** ____/____/____ **Phone:** _____

Provider Name (printed): _____ **Address/Stamp:** _____

Provider Type: ☐ MD ☐ DO ☐ APRN ☐ PA _____

Part Two – To be completed by student

Please review carefully and check the appropriate statement(s) based on the immunization(s) for which you are considered a non-responder:

- ☐ **Measles, Mumps, Rubella, and/or Varicella** – I understand that I will not be allowed to provide direct care for patients with known active infections of a disease to which I am not immune. If it is discovered that I have been exposed to a disease to which I am not immune, I understand that I will not be able to attend clinical/field placement until I have provided negative serological results after the contagious phase of the incubation period for the disease.
- ☐ **Hepatitis B –** I understand that avoiding exposure to blood is the primary way to prevent transmission of Hepatitis B. Methods to minimize risk of such exposure include proper use of personal protective equipment (PPE); observance of aseptic technique; use of sterile, single-use, disposable needles and syringes; prompt and proper disposal of sharps via sharps containers, etc. If I am exposed to blood or body fluid that is positive or potentially positive for hepatitis B surface antigen, I understand that I should immediately seek medical care so that I may be treated with Hepatitis B immune globulin (HBIG) post- exposure prophylaxis to minimize risk of disease.

By signing below, I certify that I have reviewed the above information and understand my status as a non-responder for the immunization(s) indicated by my healthcare provider in Part One above.

Student Signature: _____ **Date:** ____/____/____

↑↑↑ Non-Responder Form – ONLY if Repeat Titer(s) Negative ↑↑↑