

## HEALTH REQUIREMENTS: DOCTOR OF PHARMACY CLASS OF 2024

### I. OVERVIEW

All students must complete specific vaccinations and health testing prior to and during their four years in the Doctor of Pharmacy (PharmD) Program in order to participate in experiential activities. These requirements are necessary to ensure the health and safety of students, health professionals, and members of the general public that are served. Educational Affiliation Agreements between Ohio State's College of Pharmacy and its educational partners (experiential pharmacy sites) specify all students must be compliant to the following requirements:

- Physical examination
- Hepatitis B vaccinations and positive surface antibody titer
- Measles/Mumps/Rubella (MMR) vaccinations or positive antibody titer
- Tetanus, diphtheria, and pertussis (Tdap) vaccination
- Varicella (chicken pox) vaccinations or positive antibody titer
- Tuberculosis test
- Seasonal influenza vaccination

Students with serious concerns about receiving vaccinations (i.e., previous documented allergic reactions, pregnancy, asplenia, immunocompromising conditions) should consult the Office of Experiential Education as soon as they are accepted into the PharmD Program. Those who are not compliant with these requirements will encounter difficulty completing required activities of the PharmD Program. **All questions and concerns should be directed to Professor Bonnie Spiers [spiers.1@osu.edu](mailto:spiers.1@osu.edu) or by phone at (614) 292-8990.**

### II. REPORTING PROCEDURE

- A. The ***PharmD Program Health Requirements Form*** must be completed and signed by a licensed physician, nurse practitioner, or physician assistant to demonstrate proof of a physical examination.
- B. The completed signed form **AND** copies of the student's vaccination records and test results should be **mailed** by **April 15, 2020** to:

The Ohio State University College of Pharmacy  
Attn: Experiential Education  
Parks Hall  
500 W. 12th Ave.  
Columbus, OH 43210

- C. The form and supporting documents will be reviewed then returned to the student for online submission to the student's **My BuckMD** account. Students will receive more information about **My BuckMD** after acceptance into the PharmD Program.

### III. ADDITIONAL INFORMATION ABOUT HEALTH REQUIREMENTS

**A. Hepatitis B (HepB):** Completion of a series of **three** (3) vaccination doses **AND** evidence of immunity as indicated by a positive surface antibody titer (blood test) is required.

1. If the student has a history of three HepB vaccinations, then a surface antibody titer is required. If the titer results are positive, no further HepB vaccinations or tests are required. It is important to receive a titer as soon as possible to determine immunity.
2. If the student has no record of the vaccine, a series of **three** (3) HepB vaccinations followed by a HepB titer one month after the third vaccination is required. Separate documentation of each vaccination must be submitted:
  - The first vaccination is due by April 15, 2020.
  - The second vaccination is received 30 days later.
  - The third vaccination is received six months after the first vaccination.
  - A HepB titer must be completed at least 30 days after the third vaccination.
  - Due to the length of this process, it is very important to meet all deadlines. All of these tasks must be completed by December in order to continue with the experiential curriculum in the spring semester.
3. If the student started the HepB series in the past but has fewer than three (3) doses of the vaccine, contact **Professor Bonnie Spiers [spiers.1@osu.edu](mailto:spiers.1@osu.edu) or by phone at (614) 292-8990**.
4. If the HepB titer has negative or indeterminate results, the student must receive one (1) dose of HepB vaccine followed by an additional HepB titer one month later.
  - If the second titer is negative, the student must receive two more vaccinations, 30 days and six months after the first dose, followed by a third titer one month after the last dose.
  - If the third titer has a negative or indeterminate result, ***the student must contact Professor Bonnie Spiers [spiers.1@osu.edu](mailto:spiers.1@osu.edu) or by phone at (614) 292-8990 immediately.***

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**B. Measles/Mumps/Rubella (MMR):** Completion of a series of **two** (2) MMR vaccines received after 1 year of age **OR** evidence of immunity as indicated by positive titers for each measles, mumps, and rubella are required. In the event of negative results for one or more titer, then a series of **two** (2) follow-up MMR vaccinations are required. These two booster vaccinations must be separated by 4-8 weeks. Positive titers or documentation of the first vaccination must be done by April 15, 2020.

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**C. Tetanus with Pertussis (Tdap):** History of the vaccine received within the previous ten (10) years is required; Td-only vaccination is insufficient. If not able to provide documentation, vaccination must be completed by April 15, 2020. This is **not** a series of vaccinations and a titer is **not** required.

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**D. Varicella (chicken pox):** History of a series of **two** (2) immunizations **OR** evidence of immunity as indicated by a positive titer is required. History of (childhood) illness or one dose as a child is insufficient. Students who have no history of vaccination, or receive a negative titer, must complete a new series of **two** (2) vaccinations with the first one due April 15, 2020. These two booster vaccinations must be separated by 4 to 8 weeks. Students who have history of one dose of the vaccination must receive a second dose by April 15, 2020.

### E. Tuberculosis (TB):

1. If the student has no history of having the disease or no history of receiving Bacillus Calmette-Guerin (BCG, a TB vaccine) the student must complete either a two-step Purified Protein Derivative (PPD) skin test read by a physician, nurse practitioner, or physician assistant **or** Quantiferon blood test **by April 15, 2020**. Annual one-step PPD or Quantiferon blood tests are required for the second, third, and fourth year of the PharmD program.

a) **Two-step PPD Test:** The first test must be started **after March 15, 2020**, and the second test must be completed **by April 15, 2020**. Documentation must include dates tests were applied and read as well as the actual readings (in mm). Ohio State utilizes the “4 visit” approach per CDC and OSU Student Health guidelines:

**Visit 1, Day 1:** PPD antigen is applied under the skin.

**Visit 2, Day 3:** After 48 to 72 hours, first test is read. A positive result indicates possible TB infection and a chest x-ray and further evaluation is necessary.

**Visit 3, between Day 7 and 21:** Second PPD skin test is applied if Test 1 was negative.

**Visit 4:** After 48 to 72 hours, second test is read. A positive result indicates possible TB infection in the distant past and a chest x-ray and further evaluation is necessary.

If the student has a positive PPD test after March 15, 2020, then a Quantiferon test should be completed **by April 15, 2020**. If the Quantiferon test result is positive after March 15, 2020, then a follow-up chest x-ray and copy of the radiology report or letter from a licensed physician, nurse practitioner, or physician assistant indicating the result is required.

b) **Quantiferon Test:** To be **completed after March 15, 2020** so that the lab results are available to be **submitted by April 15, 2020**. If the result is positive after March 15, 2020, then a follow-up chest x-ray and copy of the radiology report or letter from a licensed physician, nurse practitioner, or physician assistant indicating the result is required.

2. If the student has a history of BCG vaccination, the student must complete a Quantiferon test **after March 15, 2020** and submit the lab results **by April 15, 2020**. The student will be required to complete a BCG immunization affidavit and then complete annual affidavits thereafter. To request an affidavit, contact the Office of Experiential Education.

3. If the student has a history of a positive PPD test before March 15, 2020, then results for a Quantiferon test completed **between March 15 and April 15, 2020** are required. If the student has a positive Quantiferon test after March 15, 2020, then a follow-up chest x-ray and copy of the radiology report or letter from a licensed physician, nurse practitioner, or physician assistant indicating the result is required.

4. Students must contact the Office of Experiential Education if they have a history of disease.

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**F. Seasonal Influenza:** Each student is required to receive a seasonal influenza vaccination after August 1 **annually** in order to complete experiential activities. Documentation must be submitted by October 1 every year.

## OSU College of Pharmacy PharmD Program Health Requirements Forms (Class of 2024)

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- ◆ This form must be completed and signed by a licensed health professional. *If more than one health professional reviews the student's health documents, then each health professional should complete a separate form.*
- ◆ Only one physical examination, completed after March 1, 2020, is required.
- ◆ All forms and copies of vaccination records and test results, should be *submitted in person or by mail* to:

OSU College of Pharmacy  
Attn: Office of Experiential Education  
Parks Hall  
500 W. 12<sup>th</sup> Avenue  
Columbus OH 43210

**The deadline to submit this completed form and accompanying documentation is  
April 15, 2020**

Please contact the Office of Experiential Education via email to [COP-Exper@osu.edu](mailto:COP-Exper@osu.edu) or by phone at 614-292-8990 if you have questions or concerns.

### **INFORMATION TO BE COMPLETED BY THE STUDENT**

STUDENT FULL NAME \_\_\_\_\_

MAIDEN OR PREVIOUS LEGAL NAME \_\_\_\_\_

PREFERRED NAME (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

CELL/CONTACT PHONE NO. \_\_\_\_\_

OSU EMAIL ADDRESS \_\_\_\_\_

ALTERNATE EMAIL ADDRESS \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT (NAME, RELATIONSHIP, PHONE #) \_\_\_\_\_

CURRENT HEALTH INSURANCE PROVIDER \_\_\_\_\_

HEALTH INSURANCE PROVIDER FOR 2020-2021 ACADEMIC YEAR \_\_\_\_\_

\_\_\_\_\_

## HEALTH REQUIREMENTS – PHYSICAL EXAM FORM

A physical examination, conducted by an appropriate licensed health professional (i.e. physician, nurse practitioner, or physician assistant) after March 1, 2020 is required of all incoming P1 students. At that time the health professional should: review the student's vaccination and health screening history; document results of titers and tests completed after March 1, 2020; and if appropriate make arrangements for further testing/screening.

### HEALTHCARE PROVIDER CERTIFICATION

I certify that \_\_\_\_\_ DOB \_\_\_\_\_  
(Print student's name) (Date of birth)

was examined on this date \_\_\_\_\_  
(Date of examination)

and (*circle one*) WAS / WAS NOT found to be in good health, meeting the required immunizations and health screening/testing as listed in this document, and free of any medical condition or infectious disease that may prevent his/her ability to engage in activities of PharmD student.

In addition, I have reviewed the vaccination and health information provided by the student and noted the required information on this report form.

Provider's Name: (Print) \_\_\_\_\_

Name of Institution or Clinic \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Provider's License Number: \_\_\_\_\_ in \_\_\_\_\_ state

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## HEALTH REQUIREMENTS – VACCINATION HISTORY

ATTACH COPIES OF ALL VACCINATION RECORDS AND TEST/TITER RESULTS

I HAVE REVIEWED THE STUDENT'S VACCINATION HISTORY AND ATTEST THE INFORMATION BELOW IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name	Signature	Date
INFECTIOUS DISEASE	VACCINATIONS (MM/DD/YYYY)	TITER RESULTS (MM/DD/YYYY)
<b>HEPATITIS B (HEPB)</b>  Vaccination series followed by a Surface Antibody titer.	Initial Vaccination Series: 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  If Initial titer was negative another Hep B vaccination is required. 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initial Surface <u>Antibody</u> Titer (anti-HBs) Quantitative test Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Result (Positive, Negative, Indeterminate) _____ <ul style="list-style-type: none"> <li>If titer is positive, no further vaccination is required.</li> <li>If titer is negative, additional vaccination is required, followed by another Surface Antibody titer.</li> </ul>
	If Initial titer was negative another Hep B vaccination is required. 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>Follow-up Surface Antibody</u> Titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Result (Positive, Negative) _____ <i>If follow-up titer is negative – student should contact Experiential Office for further instructions.</i>
<b>MEASLES</b> Vaccination series or positive titer.	Vaccination Series 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Measles Titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Result (Positive, Negative, Indeterminate) _____ <i>If titer is indeterminate or negative then TWO additional MMR vaccinations a required.</i>
<b>MUMPS</b> Vaccination series or positive titer.	Vaccination Series 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mumps Titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Result (Positive, Negative, Indeterminate) _____ <i>If titer result is indeterminate or negative then TWO additional MMR vaccinations are required.</i>
<b>RUBELLA</b> Vaccination series or positive titer.	Vaccination Series 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rubella Titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Result (Positive, Negative, Indeterminate) _____ <i>If titer result is indeterminate or negative then TWO additional MMR vaccinations are required.</i>
<b>VARICELLA (chickenpox)</b> Vaccination series or positive titer. History of disease is insufficient.	Vaccination Series 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Varicella Titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Result (Positive, Negative, Indeterminate) _____ <i>If titer result is indeterminate or negative then a series of TWO Varicella vaccinations is required.</i>
<b>TETANUS (WITH PERTUSSIS) (Tdap)</b> Vaccination within previous 10 years. <b>Td (alone) is insufficient</b>	Tdap vaccination within previous 10 years. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**HEALTH REQUIREMENTS – TUBERCULOSIS SCREENING**

**Attach copies of all vaccination records and test results**

I HAVE REVIEWED THE STUDENT’S TUBERCULOSIS SCREENING HISTORY AND TEST RESULTS, AND ATTEST THE INFORMATION BELOW IS CORRECT TO THE BEST OF MY KNOWLEDGE. Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A. If no history of disease, BCG vaccination, or positive PPD or Quantiferon tests: a 2-step PPD test or Quantiferon blood test is required by April 15, 2020.**

1) Two-Step PPD Test:

PROVIDER INITIALS

PPD Step #1: completed after  
March 15, 2020

Date Applied:	Date Read:	Induration: mm	Results:	
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PPD Step #2: one to three weeks later

Date Applied:	Date Read:	Induration: mm	Results:	
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➤ In the event of a positive PPD result, a Quantiferon (IGRA) test is required – note results in section B below.

1) A Quantiferon (IGRA) is an acceptable alternative to a 2-step PPD test:

Quantiferon (IGRA) test completed after March 15, 2020

Date Drawn:	Date Read:	Results:
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➤ In the event of a positive Quantiferon test result, a chest xray is required – note results in section C below.

**B. If history of a positive PPD test or history of a BCG vaccination, a Quantiferon (IGRA) test completed after March 15, 2020 is required.**

Record of Positive PPD test  
OR

Date Applied:	Date Read:	Induration: mm	Results:	
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BCG Vaccination:

Country of Birth:	Date received if known:
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Quantiferon (IGRA) test:

Date Drawn:	Date Read:	Results:
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➤ In the event of a positive Quantiferon test result, a chest xray is required – note results in section C below.

**C. If a history of a positive Quantiferon test, a chest x-ray report since March 15, 2020 is required, showing no evidence of disease.**

**(A copy of the radiology report is required.)**

PROVIDER INITIALS

Quantiferon (IGRA) test

Date Drawn:	Date Read:	Results:
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Chest X-Ray

Date Completed:	Date Read:	Results:
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**D. If a history of Tuberculosis disease, the student should contact the Office of Experiential Education by April 15, 2020 for further instructions.**

**REQUIREMENTS SUMMARY CLASS of 2024**

Requirement	Deadline for P1 Year	Prerequisites/Requirements/Additional Information	
<b>Please see document “<i>Health Requirements: Doctor of Pharmacy Class of 2024</i>” for details/additional information.</b>			
<b>Health Requirements</b>	Physical Examination Documentation	April 15, 2020	Completed after March 1, 2020.
	Hepatitis B Vaccination Series and Titer Documentation	Titer or first dose before April 15, 2020	Must have <u>documentation</u> of 3 previous doses <b>*AND</b> a positive titer (blood test).
	Measles/Mumps/Rubella Vaccination Series or Titer results Documentation	Titer or first dose before April 15, 2020	Must have documentation of 2 doses of MMR OR 2 doses of Measles, 2 doses of Mumps and one 1 dose of Rubella OR lab report confirming immunity.
	Tetanus with Pertussis Vaccination (Tdap) Documentation	April 15, 2020	Must have documentation of Tdap vaccination received within previous ten (10) years. If no dose in last 10 years, you will need to receive another dose of Tdap vaccine (Note: <u>not</u> Td vaccine).
	Varicella Vaccination Series or Titer results Documentation	Titer or first dose before April 15, 2020	Must have documentation of 2 doses OR lab report confirming immunity. Documentation of history of disease does not satisfy the requirement.
	Tuberculosis Screening Documentation	April 15, 2020	2-step PPD skin test or a Quantiferon test (blood test). May not receive before March 15, 2020
	Seasonal Influenza Vaccination Documentation	August 1- October 1, 2020	Upload to appropriate Carmen assignment PHR600. Details provided at orientation.
<b>Please see document “<i>PharmD Program Criminal Background Check and Drug Screen Requirements for Class of 2024</i>” for details</b>			
<b>Background Check and Drug Screening Requirements</b>	BCI/FBI Criminal Background Check at OSU Office of Human Resources	April 1 - August 30, 2020	Must complete at OSU Office of Human Resources 1590 N. High Street, Suite 300, Columbus, Ohio 43201. Testing before April 1, 2020 will not be accepted.
	Drug Screen (14 Panel) at OSU Student Health Center	April 1 - August 30, 2020	OSU Wilce Student Health Services, 1875 Millikin Rd #208, Columbus, OH 43210 <a href="https://shs.osu.edu">https://shs.osu.edu</a> . Testing before April 1, 2020 will not be accepted.
<b>Registration and Licensing Requirements</b>	Health Insurance Verification	August 1-August 30, 2020	Upload a copy of health insurance card to the appropriate Carmen assignment PHR6001. Details provided at orientation.
	OSU MyBuckMD Enrollment	August 30, 2020	More information provided at orientation.
	Ohio Pharmacy Intern License	Application due August 30, 2020	Apply online through the Ohio Board of Pharmacy <a href="https://elicense.ohio.gov">https://elicense.ohio.gov</a> → “Login/create your account”. Details provided at orientation.

\*Requirement of OSU Student Health Services for all students enrolled in a health profession program. Requirements for students enrolled in an undergraduate program may be different.

NOTE: This document is subject to change.