

Explanations of Immunizations

Definitions:

- **Immunization:** This is a vaccination, usually an injection, given to individuals to protect them from specific diseases.
- **Titer:** Is a blood test drawn to determine if an individual shows immunity against certain specific diseases. This immunity can develop as a result of contracting the disease or as a result of an immunization.

Explanations of Immunizations required for all programs in the Health Sciences Division at WVUP:

Hepatitis B Vaccine: Is a series of three injections which protects an individual from contracting Hepatitis B. The first injection is given. The second injection will be given 6-8 weeks after the first injection. The third injection will then be given 6 months from the first injection. One month after completing the series (all three injections) a titer will need to be drawn to verify immunity against Hepatitis B. If the titer does not verify immunity the student should follow the advice of their health care professional and will be required to sign a waiver from the Health Sciences Department at WVUP acknowledging they may not have immunity against Hepatitis B and they are aware of the risks.

MMR (Measles Mumps and Rubella): Documentation from a health care professional that you have received 2 doses of the MMR vaccination or documentation that a titer has been drawn and verifies immunity.

2 Step Mantoux: Series of 2 PPD injections given 1-2 weeks apart to establish if an individual is free from Tuberculosis (TB). The first PPD injection will be given just under the skin of the forearm. The injection site will resemble a small mosquito bite when given. 48 to 72 hours later you must return to the health care professional to have the injection site evaluated to verify a negative or non reactive TB reading. 1 to 2 weeks later this same process will be repeated. The 2 Step Mantoux may be replaced by documentation of a negative chest X-Ray within the last 6 months.

Tdap (Tetanus, diphtheria, pertussis): Documentation verifying the individual has received the Tdap vaccination within the last 7 years.

Varicella (commonly known as Chickenpox): Documentation of receiving the vaccination for varicella or documentation that a titer has been drawn and verifies immunity.

**WEST VIRGINIA UNIVERSITY AT PARKERSBURG
HEALTH SCIENCES DIVISION
PHYSICAL EVALUATION FORM**

Each applicant for admission and re-admission must have a current completed physical. It is the responsibility of the applicant to insure that this information is complete and accurate.

Directions: A qualified health care provider, i.e. your physician or a health care representative must complete this form. Please complete the physical examination and the required laboratory studies. Please indicate any abnormal findings on this form and report usual findings to the applicant. It is not necessary to send reports with this form.

Name _____ Social Security # _____

PART I - PERSONAL HEALTH HISTORY

| | No | Yes | Treatments or Recommendations |
|---------------------|----|-----|-------------------------------|
| Allergies | | | |
| Breathing Disorder | | | |
| Cancer | | | |
| Diabetes | | | |
| Heart Disease | | | |
| High Blood Pressure | | | |
| Recurrent Headaches | | | |
| Rheumatic Fever | | | |
| Seizures | | | |
| Tuberculosis | | | |
| Other | | | |

Are there any physical limitations which may affect participation in the classroom, campus laboratories or clinical rotations in the hospital? _____

PART II – IMMUNIZATION – Documented Immunity

| | 1 st Dose | 2 nd Dose | 3 rd Dose | Titer |
|--------------------------------|----------------------|----------------------|----------------------|-------|
| Hepatitis B Vaccine | | | | |
| MMR (2 Doses or Titer) | | | | |
| | Date | | Result | |
| 2 step Mantoux | | | | |
| OR Chest X-Ray within 6 months | | | | |
| | Date | | | |
| Tdap within 7 years | | | | |
| | Date | | Titer | |
| Varicella (Vaccine or Titer) | | | | |

Signature of Health Care Provider _____

Date _____

Agency _____

PART III – VISUAL AND AUDIO EXAMINATION

Vision: (Uncorrected) Right _____ Left _____
(Corrected) Right _____ Left _____
Laser Eye Exam Right _____ Left _____
(Required by Surg Tech)
Hearing: Right _____ Left _____

Signature of Health Care Provider _____

Date _____ Agency _____

PART IV - PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Pulse _____

General Appearance _____
Nutrition _____
Posture _____
Skin _____
Eyes _____
Ears, Nose, Throat, Mouth _____
Heart _____
Lungs _____
Breasts _____
Abdomen _____
Extremities _____

This student is physically and mentally capable to participate in classroom and clinical activities.

Yes _____ No _____ (If no, explain)

Signature of Health Care Provider _____

Date _____ Agency _____

When the form is complete, return it to:
West Virginia University at Parkersburg
Health Sciences Division
300 Campus Drive
Parkersburg, WV 26104