



IMMUNIZATION AND HEALTH INFORMATION

- ▶ **Please read ALL** the information contained in Immunization and Health Information Policy and carefully review this document and all related forms. Failure to comply with the policy and the posted deadlines will result in being blocked from course registration, and your clinical rotations will be cancelled.
- ▶ **The STUDENT is responsible for submitting all required forms and documentation.**
- ▶ **The STUDENT is responsible for keeping copies of all submitted forms and documentation. The Division is not responsible for making copies of your immunization records.**
- ▶ You may submit your forms and other documentation when you are on campus for orientation, OR you may mail them in advance:

Please direct your questions and give any of your documents to the appropriate Administrative Associate below:

<i>Student's whose last name begins with "A-M":</i>	<i>Student's whose last name begins with "N-Z":</i>
Charmaine DuBois, Administrative Associate WVU School of Medicine – Professional Programs PO Box 9225, Room 8701-E RCBHSCS Morgantown, WV 26506-9225 OFFICE: (304) 293-0440 FAX: (304) 293-8384 cdubois@hsc.wvu.edu	Kristen Mullins, Administrative Associate WVU School of Medicine – Professional Programs PO Box 9225, Room 8701-D RCBHSCS Morgantown, WV 26506-9225 OFFICE: (304) 293-8897 FAX: (304) 293-8384 kmullins@hsc.wvu.edu

Checklist

Due the semester before your internship begins (junior and/or senior year):

- ☐ Completed Student Health Evaluation Form (Page 1 and 2)
- ☐ Completed Immunization Verification Form (Page 3)
- ☐ Titer results showing proof of immunity of MMR and Varicella
(MUST HAVE MD SIGN-OFF ON TITER RESULT PAGE - STATING IF IMMUNE OR NOT)
- ☐ Documentation of 1-Step TB test (PPD)
- ☐ Proof of MMR, polio, tetanus, and meningococcal vaccinations
- ☐ Proof of at least 1 Hepatitis B shot (should be turned in upon entering the professional program)
- ☐ Copy of CPR card
- ☐ Copy of Insurance Card
- ☐ Proof of Second and Third Hepatitis B shots
- ☐ Titer results showing proof of immunity for Hepatitis B
(MUST HAVE MD SIGN-OFF ON TITER RESULT PAGE - STATING IF IMMUNE OR NOT)
- ☐ HIPAA training certification (SOLE)
- ☐ OSHA Bloodborne Pathogens training certification (SOLE)

Updated Yearly:

- ☐ Copy of up-to-date CPR card
- ☐ Documentation of annual TB (PPD) test
- ☐ OSHA Bloodborne Pathogens training certification (SOLE)

EVERYTHING MUST BE COMPLETED AND TURNED IN TO CHAR AND KRISTEN BY THE 1ST DAY OF CLASSES IN THE SEMESTER PRIOR TO YOUR INTERNSHIP SEMESTER.

Please keep copies of all documents for your own records.
KEEP THESE COPIES WITH YOU WHILE YOU ARE HERE AT SCHOOL ---- NOT AT HOME!
*The office is **NO LONGER** making copies for students.*