

## Required Immunization Information

Students are required to provide documentation of immunizations/titers, CPR certification, and health insurance to be eligible to participate in clinical experiences. All immunizations must remain current throughout PT school. All documentation must be submitted to UM PT.

Depending on your clinical experience placements, you may need additional immunizations, background checks, or drug tests.

### **CPR certification**

*Provide a copy of your current CPR certification.* Training through the American Heart Association Basic Life Support for the Health Care Provider is recommended. CPR certification must remain current throughout PT school.

### **Health Insurance**

Provide a copy of your health insurance card.

### **MMR/Measles, Mumps, and Rubella**

Provide documentation of the series of two (2) doses of MMR **OR** provide results of a blood test on a lab form verifying immunity to Measles, Mumps, and Rubella. **All titers must include the lab report.**

### **Hepatitis B Vaccine (Hep B) Series**

Provide documentation of the series of three (3) Hepatitis B vaccines

### **Hepatitis B Vaccine (Hep B) Titer**

A positive lab report confirming immunity must be submitted to meet this requirement. **All titers must include the lab report.**

- If the titer comes back as negative, a Hep B booster will be required, and a repeat Hep B titer will need to be done after 6 weeks.
- If this repeat titer is again negative/indeterminate/equivocal the student is, then required to finish the last two doses to complete a second Hepatitis B series as per current CDC guidelines (For a total of 6 doses).
- A Hepatitis B titer will be re-checked again no sooner than 6 weeks after the final dose. If this result is again negative/equivocal/indeterminate the student will be considered a “non-responder”.

### **Tetanus-Diphtheria-Pertussis (Tdap)**

Provide documentation of one dose of Tdap received within the past ten (10) years.

### **Varicella (Chickenpox)**

Provide documentation of two (2) doses of Varivax® **OR** provide results of a blood test on a lab form verifying immunity to Chickenpox/Varicella. **All titers must include the lab report.**