USC Student Health

Keck Medicine of USC

Dear New USC Student,

I would like to extend a warm welcome and congratulate you on your admission to the University of Southern California. Whether you are new to USC or attended as an undergraduate, I would like to introduce you to USC Student Health. With two locations, Engemann Student Health Center located on the University Park Campus and Eric Cohen Student Health Center located on the Health Sciences Campus, we are your main source of health care, offering a full range of medical services in primary and specialty care, counseling services, health promotion and disease prevention.

As a pre-professional student you must complete health clearance requirements. Please take the time to review this packet carefully and be sure you meet all of our requirements. If you have any questions, please visit https://studenthealth.usc.edu/health-clearance/ or contact us via phone at 213-740-9355 or by email at studenthealth@usc.edu. Please include your USC ID # and Academic Program in the subject of your email.

Before your first day of class, you can visit any of the two student health centers for immunizations, TB testing, and lab work only. You will be charged a \$30 visit fee plus any charges associated with the immunizations, TB or lab work received. Please visit https://studenthealth.usc.edu/fees-deadlines/ for price information. Once your classes begin, you will have access to all of the medical, mental health, and relationship and violence prevention services at both student health centers. More information about our services can be found on our website https://studenthealth.usc.edu.

Our commitment to you is to provide excellent care to individuals, promote research-based public health policy and interventions in our community, and supporting our students to success in every way possible.

We look forward to taking care of your healthcare needs and working with you to support a healthy campus community.

Fight On!

Kimberly Tilley, MD Medical Director 213-740-9355 (WELL) • studenthealth.usc.edu

Health Degree Programs: New Student Requirements

Additional Information

All forms must be submitted 30 days prior to their program start date.

Questions and Answers

- Q: If I am unable to meet the deadline listed above, can I turn in my paperwork later? Can I submit the documents I have now towards completing all my requirements prior to the deadline?
- A: Yes. However, if you submit your paperwork after the deadline, you may not be cleared in time for your program to assign you to rotate at your clinical facilities. Please submit your paperwork as soon as possible.
- O: What is a titer?
- A: Blood titers may be used to prove immunity to disease. Titers can be accepted in lieu of vaccine documentation for all required vaccines except for Hepatitis B. TDAP cannot be replaced by titers.
- Q: I had my MMR, and Hep B when I was a child; do I need to repeat the vaccines before testing my titer(s)?
- A: No. You can have your antibody titers tested as long as it has been a minimum of 30 days from the date of your last dose.
- Q: What if one or more of my titers come back negative for immunity?
- A: Please arrange for an additional dose (booster) of vaccine and repeat the titer again after 1-2 months. For Hepatitis B, Heplislav is the preferred Hepatitis B booster(if available).
- Q: What are the test numbers for the titers?
- A: The titer test numbers for 2 major laboratory testing companies are listed below—
 - Measles IgG (Quest #964, LabCorp #096560)
 - Mumps IgG (Quest #8624, LabCorp #096552)
 - Rubella IgG (Quest #802, LabCorp #006197)
 - Varicella IgG (Quest #4439, LabCorp #096206)
 - Hepatitis B Surface Antibody Quantitative Only (Quest #8475, LabCorp #006530)
- Q: What are the COVID-19 Vaccination requirements?
- A: Students must be current with <u>Los Angeles County Dept. of Public Health</u> requirements for all healthcare personnel (Policy is subject to change). We recommend submitting proof of all doses received. Please note that requirements for this vaccination may be determined by clinical sites.
- Q: I have questions on which TB test(s) I should receive?
- A: A baseline TB risk assessment will need to be completed to determine which test is suitable for your situation. Contact USC Student Health via email at studenthealth@usc.edu or call us at 213-740-9355.



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LAST NAME	FIRST NAME
DATE OF BIRTH	USC ID#

Health Degree Programs: New Student Requirements

Health Clearance Information

All students in health degree programs are required to have the following immunizations:

☐ 1. MMR (Measles, Mumps, and Rubella):
two lifetime doses administered 28 days apart;
FOLLOWED BY lab results proving immunity
☐ 2. VZV (Varicella, or "Chicken Pox"): two lifetime doses administered 28 days apart; OR lab results proving immunity
☐ 3. Hepatitis B: three lifetime doses of vaccine (or for HEPLISAV-B vaccines, 2 doses is sufficient); FOLLOWED BY lab results proving immunity, drawn at 1-2 months after the last dose
4. TDAP (Tetanus, Diphtheria, and Pertussis) one current (within the last 10 years) dose TDAP. If your TDAP is more than 10 years old, you must receive a booster (TD/TDAP). No follow-up

☐ 5. COVID-19 Vaccination (Up-to-date with Los Angeles County Dept. of Public Health requirements for Healthcare Personnel)

lab draw is required for this immunization, vaccination documentation alone is sufficient.

Acceptable Documentation: Please submit vaccination records/lab results for all of the requirements listed above as proof of compliance. Lab results must show patient name, test date, test name, exact values, and reference ranges in order to be accepted. (See inset box for example.)

Name:	PATIENT, TESTA	Ordered by:		- 9000
Mr.	17 87 03 05 45	Order B	Children	
Age:	34 ym at result time		10/31/2016 1:50 F	M
DOB	8/1/1982	Received.	100110310 1201	34
Sex:	F			
IT TESTING	*** NO SPECIMEN SE	NT.		
624 - Mumps	Virus Antibody IgG #8	524		
Reported:	10/31/2016 1:56 Pt	M		
Stature	Final	000		
OT TESTINO	*** NO SPECIMEN SE	MT		
II TEGINI	7 140 OF CONNESS OF			
		Result	Fir	ags Reference Range
Test Name		- Constant		
The second second	RUS ANTIBODY (IGG)	1.68		
	RUS ANTIBODY (IOG)	165		
MUMPS VI		165		
MUMPS VI	Interpre-	168		
C OF -	Interpre-	168		
ULIMPS V8	Interpret 0.90 Hepative 1.00 Equivocal	165	stient has antil	oody
0.91-1 2 or 4 2 or 4 3 or 4 4 post	Interpret 0.90 Hepative 1.09 Equivocal	168		oody
COE : 0.81-1 2 or : A post to mar	Interpret 0.90 Heganive 1.00 Equivocal 1.10 Formitive	ter that the p	ate between an	oody
COE OF A post to man active	Interpret 0.90 Regative 1.09 Equivocal 1.10 Foritive tive resets intro ps virus. It does	ter that the p not differenti	ate between an diagnosis must	oody

UPLOADING RECORDS: Scan or take photos of each vaccination record/lab report, and upload to the secure student health record portal under Medical Clearances, usc.edu/myshr, available once you have obtained a USC NetID through netid.usc. edu). Alternatively, you may email records to studenthealth@usc.edu; users are advised that email is not a secure method of transmitting private information.

TB Screening: All students in health degree programs must have an up-to-date tuberculosis. The following tests are accepted:

T-Spot(IGRA) or Quantiferon Gold lab results within 6 months of fall academic start date.
(Temporary or permanent residence of ≥1 month in a country with a high TB rate or history of
receiving a BCG vaccine must complete blood testing, PPD skin tests are not accepted)

☐ TB Skin testing: Baseline 2-Step(two tests—test 1 within 11 months / test 2 within 3 months prior to your fall academic start date.) Tests must be a minimum of 7 days apart.

NOTE: If you have had past treatment for active or latent tuberculosis, you must submit your medical records from that period of time.

PPD Test 1 Placed	PPD Test 1 Read	Induration/Result	Initial
PPD Test 1 Placed	PPD Test 1 Read	Induration/Result	Initial



Last Name:	First Name:	
DOB:	USC Student ID:	
Academic Program:	Anticipated Graduation Year:	
Cell Phone:	USC Email:	

VITALS: B/P:	Height	Weight	Pulse	Rep	Temp
Please check box if	patient is within	normal limits.	•		l limits, please include abnormal findings.
GENERAL		WNL			_
HEENT		WNL			
CHEST/LUNGS		WNL			
CARDIOVASCUI	_AR	WNL			
ABDOMEN		WNL			
MUSCULOSKELI	ETAL	WNL			
SKIN		WNL	-		
NEUROLOGIC		WNL			
MENTAL STATUS	S	WNL			
Any restrictions on care activities (incl communicable dise	luding but not lin	•	Date Examine	ed	
Yes	No		Address		
Any recommendati	ons for medical o	are?			
Yes	No				
(Explain any restric	ctions and recom	mendations)			
			Provider Nam	ıe	
			Provider Sign	ature	