USC Student Health
Keck Medicine of USC

Dear New Herman Ostrow School of Dentistry of 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/ for price information. Once your classes begin, you will have access to all of the medical and counseling resources 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 succeed 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

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Health Clearance Packet 2019 – For Students in Dental Program

All USC Dentistry students must fill out ALL sections of this packet and submit with accompanying documentation to email provided below **no later than July 19, 2019.**

How to Submit Documentation

Submit all immunization documents and inquiries to our email: studenthealth@usc.edu

How to Access MySHR

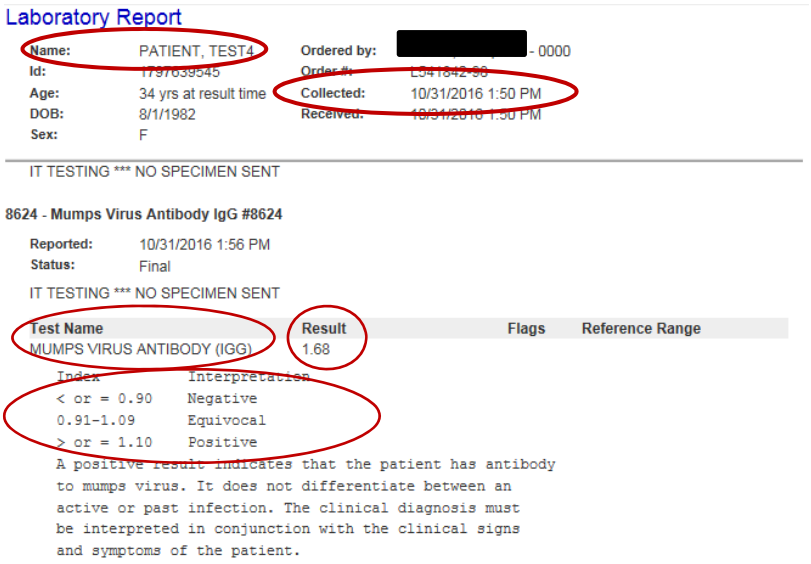
You can also access the USC patient portal MySHR by going to https://studenthealth.usc.edu/ and clicking on "*MySHR, patient login*". Please log in by using your USC net ID (to activate your USC Net ID by using your USC ID number, go to this website https://netid.usc.edu/account_services/activate_account). Once you have logged in to MySHR, click on "*Immunizations*" to view your immunization status and compliance.

FAQ:

1. **My deadline to submit my health clearance packet is July 19, 2019 but I am unable to meet that deadline. Can I turn in my paperwork later? Can I submit documents I have now towards completing all my requirements prior to the deadline?**
   - *Yes, you can. 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.*

2. **What is a titer?**
   - *A titer is a laboratory test that measures the presence and amount of antibodies in blood. A titer may be used to prove immunity to disease. A blood sample is taken and tested.*

3. **What do you mean by "attach full lab results"?**
   - *We need a lab report, which is generated by the lab that tested the blood sample. The report must include the patient name, test name, test date, exact values, and reference ranges.* ***We will not accept flow charts.*** *Please see example of a valid lab report:*



Laboratory Report

Name: PATIENT, TEST4
Id: 1797639545
Age: 34 yrs at result time
DOB: 8/1/1982
Sex: F

Ordered by: [redacted] - 0000
Order #: L341842-36
Collected: 10/31/2016 1:50 PM
Received: 10/31/2016 1:50 PM

IT TESTING *** NO SPECIMEN SENT

8624 - Mumps Virus Antibody IgG #8624

Reported: 10/31/2016 1:56 PM
Status: Final

IT TESTING *** NO SPECIMEN SENT

Test Name	Result	Flags	Reference Range
MUMPS VIRUS ANTIBODY (IGG)	1.68		

Index	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient.

4. **What are the test numbers for the titers?**
   - *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)*

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Cell Phone:		**USC Email:**	

A. **MMR (Measles, Mumps, Rubella)** - 2 doses of MMR vaccine **OR** serologic proof of immunity for Measles, Mumps and Rubella

2 doses of MMR Vaccine	Vaccine (attach vaccine record) MMR Dose #1 MMR Dose #2	Date / / / /	
Measles positive serology	Test Serologic Immunity (IgG, antibodies, titer)	Date / /	Results (attach full lab results) ❑ Positive ❑ Negative
Mumps positive serology	Serologic Immunity (IgG, antibodies, titer)	/ /	❑ Positive ❑ Negative
Rubella positive serology	Serologic Immunity (IgG, antibodies, Titer)	/ /	❑ Positive ❑ Negative

B. **Varicella (Chicken Pox) –** 2 doses of vaccine **OR** positive serology

2 doses of Varicella Vaccine	Vaccine (attach vaccine record) Varicella Vaccine #1 Varicella Vaccine #2	Date / / / /	
Varicella positive serology	Test Serologic Immunity (IgG, antibodies, titer)	Date / /	Results (attach full lab results) ❑ Positive ❑ Negative

C. **Hepatitis B Vaccination –** 3 doses of vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) drawn at least 30 days after 3rd dose. If negative, complete one additional dose of Hepatitis B Vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) 1-2 months after. If Hepatitis B Surface Antibody is negative after second QUANTITATIVE Hepatitis B Surface Antibody, please contact the USC Student Health via email at studenthealth@usc.edu.

	Vaccine/Test (attach vaccine record)	Date	
Primary Hepatitis B Series (Must fill out this section)	Hepatitis B Vaccine Dose #1 Hepatitis B Vaccine Dose #2 Hepatitis B Vaccine Dose #3 **AND QUANTITATIVE** Hep B Surface Antibody	/ / / / / / / /	Results (attach full lab results) ❑ Positive: Value _____ ❑ Negative
Secondary Hepatitis B (Fill out this section if first Quantitative Hep B Surface Antibody is Negative)	Hepatitis B Vaccine Dose #4 **QUANTITATIVE** Hep B Surface Antibody to be done 30 days or greater after the vaccine	/ / / /	Results (attach full lab results) ❑ Positive ❑ Negative
Chronic Active Hepatitis B (fill out only if applicable)	Hepatitis B Surface Antigen Hepatitis B Viral Load Hepatitis B E Antigen	/ / / / / /	Results (attach full lab results) ❑ Positive ❑ Negative

D. **Tetanus-diphtheria-pertussis** - One (1) dose of Tdap from 2006 or later. If the last Tdap is more than 10 years old, please receive an additional TD or TDAP vaccine.

	Vaccine (attach vaccine record)	Date
	Tdap Vaccine (Adacel, Boostrix, etc. from 2006 or later)	/ /
	Td Vaccine (if more than 10 years since last Tdap)	/ /

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E. TUBERCULOSIS SCREENING: Please answer the questions below. Your answers will determine the type of tuberculosis test you need to submit.

1.	Have you ever had a positive PPD/TB skin test?	❑ Yes	❑ No
2.	Have you ever had the BCG vaccine for tuberculosis?* (see below)	❑ Yes	❑ No
3.	Are you a member of a TB high-risk group?** (see below)	❑ Yes	❑ No
4.	Have you ever been treated for tuberculosis/received INH treatment?	❑ Yes	❑ No

**BCG, or bacille Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated. BCG is used in many countries with a high prevalence of TB to prevent childhood tuberculous meningitis and miliary disease (derived from the CDC).*

*** You are a member of a high risk group if you were born in or resided in countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, you are part of a high risk group if you were born in or resided in countries EXCEPT: AMERICAN SAMOA, AUSTRAILA, CANADA, BELGIUM, DENMARK, FINLAND, FRANCE, GERMANY, GREECE, ICELAND, IRELAND, ITALY JAMAICA, LIECHTENSTEIN, LEUXEMBOURG, MALTA, MONACO, NETHERLANDS, NORWAY, SAN MARINO, SAINT KITTS AND NEVIS, SAINT LUCIA, SWEDEN, SWITZERLAND, UNITED KINGDOM, USA, VIRGIN ISALNDS (USA), or NEW ZEALAND. For example, if you were born in the USA, then you are NOT part of a TB high-risk group. You would answer 'No'.*

☐ If you answered **YES** to **QUESTIONS 1 or 2 or 3**, please submit a T.Spot.TB® or the QuantiFERON®-TB Gold IGRA lab test result that was taken within 3 months of your fall academic start date (Full lab results must be submitted).

❑ TSPOT	Test Date: / /
❑ QUANTIFERON	❑ Positive: ❑ Negative (For Positive, Chest X-ray required)

☐ If you answered **YES** to **QUESTION 4**, regardless of any other answer, please submit a chest x-ray report taken within 11 months of your fall academic start date **AND** a past medical history of your positive PPD.

Test Date: / /	Result:

☐ If you answered **NO** to **QUESTIONS 1 and 2 and 3 and 4**, you can either:

Option 1	Submit a T.Spot.TB® or the QuantiFERON®-TB Gold IGRA lab test result that was taken within 3 months of your fall academic start date (Full lab results must be submitted).		
		❑ TSPOT	Test Date: / /
		❑ QUANTIFERON	❑ Positive ❑ Negative
OR			
Option 2	Submit a two-step PPD Skin test where your first TB skin test is placed and read anytime within 11 months of your fall academic start date (this is PPD #1 below) and your second TB skin test is placed and read within 3 months of your fall academic start date (this is PPD #2 below). *A two-step PPD skin test is two PPD tests done no sooner than one week apart. That means one placement & one reading, then at least a one week waiting period, then another placement and reading*		

PPD #1 Date Placed: / /	PPD #1 Date Read: / /	Induration & Result:
PPD #2 Date Placed: / /	PPD #2 Date Read: / /	Induration & Result:

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F. PHYSICAL EXAM: To be performed by an M.D., P.A., N.P., or D.O.

VITALS: B/P: _____ **Height** _____ **Weight** _____ **Pulse** _____ **Resp.**_____ **Temp.**_____

Please check box if patient is within normal limits.

If patient is not within normal limits, please include a detailed description of any abnormal findings.

GENERAL	❑ **WNL**	_____
HEENT	❑ **WNL**	_____
CHEST/LUNGS	❑ **WNL**	_____
CARDIOVASCULAR	❑ **WNL**	_____
ABDOMEN	❑ **WNL**	_____
MUSCULOSKELETAL	❑ **WNL**	_____
SKIN	❑ **WNL**	_____
NEUROLOGIC	❑ **WNL**	_____
MENTAL STATUS	❑ **WNL**	_____

Any restrictions on physical activity?

❑ Yes ❑ No

Any recommendations for medical care?

❑ Yes ❑ No

(Explain any restrictions and recommendations)

_____

_____

_____

_____

Date Examined _____

Address _____

_____

_____

Provider Name _____

Provider Signature _____