

# 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.

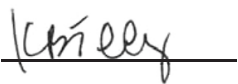
**As a pre-professional student you must complete health clearance requirements. Please take the time to review this packet carefully and be sure you meet all of our requirements. If you have any questions, please visit <https://studenthealth.usc.edu/health-clearance/> or contact us via phone at 213-740-9355 or by email at [studenthealth@usc.edu](mailto: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 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

|               |            |
|---------------|------------|
| 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 doses administered 28 days apart; FOLLOWED BY lab results proving immunity
- 2. **VZV (Varicella, or “Chicken Pox”):** two doses administered 28 days apart; FOLLOWED BY 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 30 days after the last dose
- 4. **TDAP (Tetanus, Diphtheria, and Pertussis)** one dose (TDAP) from 2006 or later, if your TDAP is more than 10 years old, you must also receive a booster (TD) administered within the last 10 years. **No follow-up lab draw is required for this immunization, vaccination documentation alone is sufficient.**

**HOW TO VERIFY IMMUNITY:** 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.)

**Laboratory Report**

Name: PATIENT, TEST4      Ordered by: [REDACTED] - 0000  
 Id: 1797039545      Order #: L041842-90  
 Age: 34 yrs at result time      Collected: 10/31/2016 1:50 PM  
 DOB: 8/1/1982      Received: 10/31/2016 1:50 PM  
 Sex: F

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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.

**UPLOADING RECORDS:** Take screenshots (or photos with your phone) of each vaccination record/lab report, and upload to the secure **student health record portal**, [usc.edu/myshr](http://usc.edu/myshr), available once you have obtained a USC NetID through [netid.usc.edu](http://netid.usc.edu). Alternatively, you may email records to [studenthealth@usc.edu](mailto: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 are required to have screening for TB (tuberculosis) that were administered within the past 6 months. The following tests are accepted:**

- T-Spot or Quantiferon Gold lab results (international students must have these tests, PPD skin tests are not accepted)
- PPD skin tests (two tests—test 1 within 11 months / test 2 within 3 months **prior to your fall academic start date.**) **Tests must be at least 1 week 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 |
| PPD Test 1 Placed | PPD Test 1 Read | Induration/Result |

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213-740-9355 (WELL) • studenthealth.usc.edu

## Health Degree Programs: New Student Requirements

# Additional Information

**Deadlines—All health program degree students must complete all requirements and submit documentation no later than:**

**July 19, 2020**

## 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, you may. 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.

**Q:** What is a titer?

**A:** A titer is a laboratory test that measures the presence and amount of antibodies in blood. Titers may be used to prove immunity to disease. A blood sample is taken and tested. Titers can be accepted in lieu of vaccine documentation for all required vaccines except for Hepatitis B.

**Q:** How can I ensure my lab report will be accepted?

**A:** We need a lab report 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.

**Q:** What are the test numbers for the titers?

**A:** The test numbers 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 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 4-6 weeks.

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|                          |  |                                     |  |
|--------------------------|--|-------------------------------------|--|
| <b>Last Name:</b>        |  | <b>First Name:</b>                  |  |
| <b>DOB:</b>              |  | <b>USC Student ID:</b>              |  |
| <b>Academic Program:</b> |  | <b>Anticipated Graduation Year:</b> |  |
| <b>Cell Phone:</b>       |  | <b>USC Email:</b>                   |  |

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

**VITALS:** B/P: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Rep. \_\_\_\_\_ 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? Date Examined \_\_\_\_\_

Yes  No Address \_\_\_\_\_

Any recommendations for medical care? \_\_\_\_\_

Yes  No \_\_\_\_\_

(Explain any restrictions and recommendations)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Provider Name \_\_\_\_\_  
  
Provider Signature \_\_\_\_\_