

## College of Health Professions Requirement Checklist

Name \_\_\_\_\_ Program \_\_\_\_\_

WSU ID# \_\_\_\_\_ Date \_\_\_\_\_

Please attach checklist to all required documentation and upload documents to the myShockerhealth portal, [www.wichita.edu/shs](http://www.wichita.edu/shs). For instructions to upload: [www.wichita.edu/uploadhealthdocs](http://www.wichita.edu/uploadhealthdocs). **Please watch the portal for any messages from healthcare providers regarding your submitted documents validity!** Submitted requirements will be available to view/print on the myShockerHealth portal within 5 days.

\_\_\_\_\_ **CoVID-19 Vaccine** – Please submit copy of CoVID-19 vaccination record or program waiver based on clinical rotation requirements. **Be aware that initial series of Covid-19 vaccinations can no longer be administered. Bivalent booster vaccines are strongly encouraged and can be found:** [www.vaccines.gov](http://www.vaccines.gov).

### ANNUAL REQUIREMENTS - All the below must be submitted annually:

\_\_\_\_\_ **Physical exam within one year** - Please use the physical exam form found on website. Physicals must include a review of systems and dated and signed by a physician, NP or PA.

\_\_\_\_\_ **Influenza vaccine each fall** – for current flu season. Please submit copy of influenza vaccination record or waiver.

\_\_\_\_\_ **TB clearance required annually.** One of the following is required for TB clearance. Please check which requirement met:

\_\_\_\_\_ Negative TB skin test done in last 12 months recorded in “mm” reading, not just “negative”

OR

\_\_\_\_\_ Negative Quantiferon blood test in last 12 months.

OR

\_\_\_\_\_ If you have a history of a POSITIVE tuberculosis test: A recent chest x-ray report required within the last 12 months for new students AND a “Tuberculosis Symptom Review” sheet at Student Health.

### IMMUNIZATION REQUIREMENTS: to be submitted once at beginning of program or when updated:

\_\_\_\_\_ **Tdap vaccination** - A tetanus/diphtheria/pertussis vaccine within the last 10 years.

\_\_\_\_\_ **MMR** – Please check which requirement met:

\_\_\_\_\_ Documentation of two doses of MMR (first dose on/after first birthday and second dose at least 28 days later)

OR

\_\_\_\_\_ Titers demonstrating immunity to Mumps, Rubella and Rubeola

\_\_\_\_\_ **Varicella** – Please check which requirement met:

\_\_\_\_\_ Two varicella vaccinations given 4 weeks apart

OR

\_\_\_\_\_ Titer demonstrating immunity to varicella

\_\_\_\_\_ **Hepatitis B** – Please check which requirement met (PA dept. requires Hepatitis B titer)

\_\_\_\_\_ Three dose series completed in the appropriate time frame

OR

\_\_\_\_\_ Positive Hepatitis B titer demonstrating successful vaccination



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316-978-4792  
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