

# Department of Communication Sciences and Disorders

## Immunization Policy

Consistent with the California State University system, the Department of Communication Sciences and Disorders (CSAD) requires health screenings and immunizations related to protecting the health of those we serve and students, faculty, and staff. Affiliation agreements with clinical sites require screenings, evidence of immunizations, and training related to universal health precautions and confidentiality/privacy requirements for health professionals. Requirements related to vaccinations and immunizations may vary depending on the placement site.

This form provides information about the Clinical Requirements you will need to complete prior to seeing patients in any clinical setting, including on campus clinical placements. Students enrolled in CSAD courses are responsible for timely submission of required documentation to Calipso (Fall of 2021) or CastleBranch (beginning Spring 2022) to enable verification of health screening, immunizations, and/or titers. Please pay close attention to the details of each requirement and the required format for submission. Any variation from what is listed will NOT be accepted.

### Documentation Submission Format

**All proof of immunizations or titers must be recorded on an electronic medical record (may be printed and scanned to submit) in pdf. No photos. No yellow immunization cards.** If you have your immunizations on a yellow card, please bring it to your physician and have them enter them into your Electronic Medical Record and print for you.

Aside from any exceptions noted below, all immunization requirements can be satisfied in one of two ways:

1. Upload proof of previous vaccination  
OR
2. Upload positive titer results (taken in the last three years) for each component of the required vaccine. If your titer comes back negative, meaning that you do not have sufficient antibodies to be considered immune, you must repeat the complete vaccination series.

Students are required to authorize release of health screening and immunization-related information to the Department of Communication Sciences and Disorders (CSAD) (please see the form below). Please note, this authorization is limited to verification of health screening and immunization records only and allows the CSAD Department to proceed with clinical experience placements for students in adherence with agreements with agencies and facilities while students are enrolled in the Department. Students are notified by clinical placement coordinators of specific site requirements prior to placement. Students should retain a copy of their immunization records and health form. Again, students should note that clinical placement sites (and future employers) may require evidence of immunization and may require other immunizations in addition to those listed above. CSAD cannot guarantee placement for students with medical exemptions/waivers, nor can CSAD guarantee that a student can graduate from the CSAD programs with a medical exemption/waiver for immunizations. Guidance is provided by the University for additional requirements for students with exemptions/waivers. Please see <https://www.csus.edu/student-life/health-counseling/health/immunizations-and-vaccines.html>

# Required Health Screenings, Vaccinations and Documentation for Participation in Communication Sciences and Disorders Courses and Clinics

Upon enrollment in a CSAD prefix course, students are required to have documented proof of:

1. **Measles/Mumps/Rubella (MMR) vaccine.** For each portion (Mumps, Rubella, Rubeola/Measles) upload proof of two immunizations (one after 1st birthday and one at least 28 days later).
2. **Hepatitis B (HBV) vaccine, full series OR titer:** If not already completed, the series must be initiated prior to the onset of the placement. Upload proof of your three-step Hep B vaccination (some physicians opt to use a two-step version of the Hepatitis B vaccine). If you choose to upload titer results (from the last three years) instead, you must upload results for **Hepatitis B Surface Antibody** (not Hep B Antigen).
3. **Varicella (Chickenpox):** Upload proof of your two-step varicella vaccination OR Upload proof of previous varicella infection. Electronic medical records with date of infection required to substitute proof of vaccination.
4. **Tetanus-Diphtheria-Pertussis (Tdap):** Tdap vaccine is required once, then Td (or Tdap) every ten years thereafter. Please submit proof of original Tdap. If over ten years old, please **also** submit proof of Td (or Tdap) booster within the past ten years. There is no titer option for Tdap.
5. **Meningococcal Disease (Serogroups A, C, Y, W-135):**
6. **A 2-visit TB test:** A 2-visit screening means that the test placed under skin and read by the health professional. You will be required to renew your TB requirement annually (yearly). This can be done with a single TB skin test or a Quantiferon gold blood test.

**NOTE: IF** you have **ever** had a TB test come back positive, you must submit **ALL** of the following to satisfy the requirement:

- a. Proof of clear chest X-Ray (only once in the past year prior to enrollment in CSAD program; not annually), OR
  - b. Quantiferon Gold blood test (repeated annually), AND
  - c. CSUS TB Symptom Interview Form with a negative result signed by a health care provider (repeated annually).
7. **COVID-19- Pfizer-Vaccines currently approved by CDC:** BioNTech, Moderna, or Johnson & Johnson. Students are expected to adhere to all current COVID-19 safety guidelines required by Sacramento State, the CSU, Sacramento County, and the State of California. As this is an evolving situation, guidelines and requirements may change during the semester. For Spring 2022, COVID-19 booster shots are due as per University guidelines, which is 6 months after the first immunization series or by Feb 28<sup>th</sup>.
  8. **Influenza (Flu):** For new admits during the Summer for Fall, flu shots are not required until they are due in the fall. The due date is dictated by the agencies but is typically October 15th of each year. The flu requirement is required to be updated annually. Renewal dates will always be set for 10/15 of the following year.
  9. **CPR Basic Life Support for Healthcare providers:** Current certificate of course completion, showing date and expiration.
  10. **Proof of Health Insurance:** For the duration of enrollment in CSAD prefix courses

# Recommended Health Screenings, Vaccinations, and Documentation

It is recommended that students obtain the following vaccinations:

1. Hepatitis A (Hep A)
2. Human papillomavirus (HPV)
3. Meningococcal B (Meningitis B)
4. Pneumococcal
5. Poliovirus (Polio)

For more information, see Executive Order 803 and the vaccination requirements for the California State University system, available here: <https://calstate.policystat.com/policy/8309038/latest/>.

Information regarding the COVID-19 vaccination requirements are available here: <https://www.csus.edu/return-to-campus/vaccination-faq.html>

# Release of Information Form for Vaccination Status

## Department of Communication Sciences and Disorders California State University, Sacramento

Name:

Past Names Used:

Date of Birth:

CSUS Student Identification Number:

CSUS Email Address:

I \_\_\_\_\_ agree to release my immunization record to the Department of Communication Sciences and Disorders prior to enrolling in CSAD prefix courses. This form is effective for the duration of my enrollment in program(s) in the Department of Communication Sciences and Disorders at California State University Sacramento.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_



SACRAMENTO STATE

# TB Symptom Interview

For Student with History of Positive TB ONLY

California State University, Sacramento

Department of Communication Sciences and Disorders

6000 J Street, Sacramento, CA 95819

Phone: (916) 278-486

## Student Information (Print):

Last Name:		First Name	Middle Initial:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (MM/DD/YYYY):		Phone:
Address:			
Address 2:			
City:		State:	Zip:

## Current Symptoms:

No  Yes Cough How Long? \_\_\_\_\_  
 No  Yes Fever  
 No  Yes Shortness of Breath  
 No  Yes Fatigue  
 No  Yes Hemoptysis (Coughing up Blood)  
 No  Yes Night Sweats  
 No  Yes Weight Loss Number of lbs.? \_\_\_\_\_

## TB History:

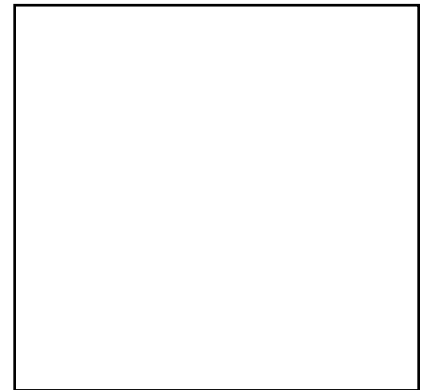
Date of Positive PPD: \_\_\_\_\_  
 TB Treatment  No  Yes  
 When/year? \_\_\_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_ Months  
 Date of clear Chest X-ray: \_\_\_\_\_  
 Date of clear Quantiferon Gold blood test: \_\_\_\_\_

## Healthcare Provide Information:

The health care provider verifies that the above named has no active TB Symptoms at this time.

Verify Signature with Healthcare Provider's Stamp

\_\_\_\_\_  
Healthcare Provides Signature



Healthcare Provider's Name:		
Date:	Phone No.	
Address:		
Address 2:		
City:	State:	Zip:

I hereby authorize release of pertinent medical records to CSU, Sacramento by signing below.

\_\_\_\_\_  
Student Signature