

Academic Year 2019/2020

Office of Student Services
155 Fifth Street
San Francisco, CA 94103
Tel 415.929.6491
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Dear Dental Student:

Welcome to the University of the Pacific Arthur A. Dugoni School of Dentistry. Please read this packet carefully. It contains critical information for your success as a student.

Prior to starting at the University of the Pacific, there are several health clearance requirements that need to be completed. You will be entering a health care profession that includes the responsibility to protect the health of your patients. It is also important to ensure you are protected from infectious diseases. Vaccination are required as a condition of matriculation. Please consult with your primary health care provider to ensure you have the vaccinations listed on the following pages. You will be required to provide proof of immunization or naturally-acquired immunity to these vaccine-preventable diseases prior to matriculation into the program.

A check-list with requirement deadlines and several required documents are enclosed in this packet for your convenience.

Thank you and we look forward to welcoming you.

CHECKLIST FOR HEALTH REQUIREMENTS

MAIL DOCUMENTS – Due June 21, 2019

- History and Physical for Admission to Dental School Program
- Copy of immunization card(s) and immunization lab report(s) - Additional step in the next section
- Mail documents to: Dugoni School of Dentistry, Attn: Janelle Palomares, 4A-19, 155 Fifth Street,
San Francisco, CA 94103

ONLINE ITEMS – Due June 21, 2019 (revised on April 2019)

Complete the following items by accessing the medical portal - go.pacific.edu/myhealth

- Under the Medical Clearance Tab > Immunization Record - Upload copy of your immunization records
- Under the Forms Tab - Acknowledgment of Receipt of Notice of Privacy Practices*
- Under the Forms Tab - Acknowledgment of No Show Cancellation Policy & Fee Schedule*
- Under the Forms Tab - Patient Lab Service Policy*

**Forms may not be available when you first log in to the medical portal. Please check periodically. If it has been more than 5 business days, please contact Janelle Palomares at jpalomares@pacific.edu.*

ONLINE ITEMS – Will be available June 2019 (revised on April 2019)

Under the Insurance Waiver tab: go.pacific.edu/myhealth

Yearly Insurance Waiver

- Waiver completion is required to avoid being charged the Student Health Insurance Premium. Completing the previous health-related items DO NOT satisfy the waiver requirement. You will need to complete a new waiver each summer term.

Consequences for Non-Compliance

Program Level

- Students may be removed from classes or experiential learning opportunities until compliant.

University Level

- Students who fail to complete the requirements by the first day of their first term will have a hold placed on your registration account.

HEALTH REQUIREMENTS FOR DENTAL STUDENTS

Acceptable documentation for vaccinations includes copies of childhood immunization records, immunization records/print-outs from a provider, and/or lab reports.

Please attach this form to your immunization records.

Program: DDS IDS AEGD ORTHO ENDO OS

Student's First and Last Name: _____

Date of Birth: _____

Student ID# (starts with 98): _____

REQUIRED

- Health History and Physical Examination**
 - Complete prior to matriculation.

- Hepatitis B**
 - Quantitative Hepatitis B Surface Antibody blood test showing immunity (required even if you have 3 vaccines)
 - Three documented vaccines (Blood test /titer will suffice if documentation is not available.)
 - If Hep B Surface Antibody is negative, administer one (1) Hepatitis B vaccine if documentation of three vaccines is available. If documentation of 3 vaccines is not available, start the series of three (3) Hepatitis B vaccines. A second titer must be completed at least one month after the last booster vaccine (1 or 3) is administered. If the HBsAb is negative after the booster(s), a Hepatitis Acute Panel (HBsAg, HBcAb-IgM, HAVAb-IgM and HCV) is recommended to determine if negative result is due to being a non-responder or presence of disease. The vaccine(s) and second Hep B Surface Antibody titer must be completed during the first year of Dental school.

- MMR (Measles, Mumps, Rubella)**
 - Two documented vaccines or titer showing immunity

- Tdap Vaccine (Tetanus, Diphtheria, Acellular Pertussis; Td if you had the Tdap 10 years ago)**
 - One documented vaccine in the last 10 years (Td will not be accepted)
 - Td should be given if the last Tetanus vaccine was 10 years ago and is now expired (Tdap also will be accepted)

- Varicella Vaccine (Chickenpox)**
 - Two documented vaccines or titer showing immunity (History of disease is not acceptable.)

- Tuberculosis Screening (see Tuberculosis Screening Information sheet)**
 - No history of positive PPD test or disease
 - 2-step PPD screening within 3 months prior to starting classes (2 SEPARATE administrations of the PPD 1 to 3 weeks apart)
 - History of positive PPD or disease
 - Chest X-ray, Quantiferon Gold or T-Spot blood tests within 6 months of starting school if history of positive PPD test or disease. If blood test results are positive, chest x-ray results must be provided.
 - Documentation of previous BCG vaccination, Latent TB treatment or Active TB treatment, as applicable.

Recommended

- Influenza Vaccine**
 - Will be available to students in the fall. This is strongly recommended.

- Meningitis Vaccine**
 - Please see <https://www.cdc.gov/vaccines/vpd/mening/index.html> to determine if you need this vaccine.

- HPV Vaccine**
 - Recommended for males and females, 26 years or younger. A series of three vaccines.

Mail documents to: Dugoni School of Dentistry, Attn: Janelle Palomares, 4A-19, 155 Fifth Street, San Francisco, CA 94103

HISTORY AND PHYSICAL FOR ADMISSION TO DENTAL PROGRAM



This document consists of a two paged History and Physical. It is to be completed by a Physician, Nurse Practitioner or Physician’s Assistant, signed and dated on page 2. Have this completed before starting classes.

Date: _____ Program: DDS IDS AEGD ORTHO ENDO OS

Student’s First and Last Name: _____

Date of Birth: _____ Sex: _____ Student ID# (starts with 98): _____

Current Mailing Address: _____

Phone Number: _____

PAST MEDICAL HISTORY:

1. Significant past health problems, major illnesses/injuries, surgeries, hospitalizations:

2. Childhood Diseases:

3. Medications (Prescribed, Vitamins, Supplements, OTC) within the last 3 months:

4. Drug allergies & reactions:

SUBSTANCE USE:

Alcohol: _____ Tobacco: _____ Recreational Drugs: _____

REVIEW OF SYSTEMS:

General: _____ Ears: _____

Skin: _____ Nose: _____

Head: _____ Throat: _____

Eyes: _____ Mouth: _____

Student Name: _____

Student ID#: _____

REVIEW OF SYSTEMS (cont.):

Resp: _____ MS: _____

CV: _____ Neuro/Psych: _____

GI: _____ Heme/Lymph: _____

GU: _____ Endo: _____

Other: _____

PHYSICAL EXAMINATION:

Ht: _____ Wt: _____ BMI: _____ BP: _____ Pulse Resp: _____ Temp: _____

Hearing: Right _____ Left _____

Visual Acuity: Right 20/ _____ Left 20/ _____ Both 20/ _____ uncorrected corrected

1. Health recommendations:

2. Please review the student's immunization status, provide the necessary vaccines and/or titers to complete entrance requirements. Please provide documentation of immunizations.

3. Please review the student's TB status, administer the appropriate TB screening and provide appropriate documentation of TB clearance to complete entrance requirements.

Signature of Provider/Printed

Name License #

Date

Address of Provider (Stamp preferred)

Phone Number

Fax Number

TUBERCULOSIS (TB) SCREENING

Student Name: _____ DOB: _____

Student ID#: _____

1. Has the patient had a positive tuberculin skin test (TST)?
 - a. If **YES**, have a chest x-ray performed no more than 6 months prior to classes starting. Turn in a copy of the chest X-ray report with the rest of your documents. Turn in documentation of INH treatment if possible (INH treatment involves taking medicine for 6 months to 9 months after a positive test). The will complete this requirement. If you have had a positive TST and a BCG vaccine, you may instead get a QuantiFERON Gold or T-spot blood test. If the blood test is positive, you must then have a chest x-ray performed. If the blood test is negative, this requirement is completed.
 - b. If **NO**, go to #2

2. Have a TST placed by your provider. The test must be read by a provider or nurse within 48 to 72 hours of being placed. This must be done no more than 3 months prior to starting classes.
 - a. If it is negative, **go to step #3**.
 - b. If it is positive, have a chest x-ray performed no more than 3 months prior to starting classes. Turn in a copy of the chest X-ray report with the rest of your documents. You have completed this requirement. Discuss INH treatment with your provider. This will complete this requirement.

3. Have a **SECOND** TST placed by your provider 1 week after the first test was placed. **The second TST must be placed no more than 3 weeks after the first test.** The test must be read by a provider or nurse within 48 to 72 hours of being placed.
 - a. If it is negative, this will complete this requirement.
 - b. If it is positive, have a chest x-ray performed no more than 3 months prior to starting classes. Turn in a copy of the chest X-ray report with the rest of your documents. You have completed this requirement. Discuss INH treatment with your provider. This will complete this requirement.

First TST

Date administered _____ Date read _____ mm _____ Positive Negative

Second TST

Date administered _____ Date read _____ mm _____ Positive Negative

Print Name: _____ Signature: _____

Title: _____

Chest X-ray (Please attach radiology report)

Date: _____ Result: _____

Blood Test - QuantiFERON or T-spot (Please attach lab report)

Date: _____ Result: Positive Negative

Please provide the name of your medical practice, address, phone number and fax number.
You may use a stamp containing this information.

HEPITITIS B VACCINATION AND TITER PATHWAY

- Series of 3 vaccines administered at 0, 1, and 6 months.
- If you are mid series, continue with the series even if the time between vaccines is more than the recommended schedule.
Do not start over.
- Titers may be ran 1 month after final vaccine in series.
- May need additional vaccines and titers based on titer results.

History of vaccination:

- Quantitative Titer (blood draw) 1 month after Hepatitis B #3 vaccine was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #4
 - Repeat Quantitative Titer 1 month after Hepatitis B #4 was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #5, then 5 months later Hepatitis #6
 - If Hepatitis B #6 is necessary repeat Quantitative Titer 1 month after Hepatitis B #6
 - If positive for immunity the process is complete
 - If negative for immunity please consult with your medical provider as a Hepatitis panel will need to be completed

No history of vaccination:

- Hepatitis B #1: start immediately
- Hepatitis B #2: 1 month after #1 was administered
- Hepatitis B #3: 5 months after #2 was administered
- Quantitative Titer (blood draw) 1 month after Hepatitis B #3 vaccine was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #4
 - Repeat Quantitative Titer 1 month after Hepatitis B #4 was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #5, then 5 months later Hepatitis #6
 - If Hepatitis B #6 is necessary repeat Quantitative Titer 1 month after Hepatitis B #6
 - If positive for immunity the process is complete
 - If negative for immunity please consult with your medical provider as a Hepatitis panel will need to be completed

HOW TO SUBMIT YOUR MEDICAL RECORDS

Please understand that your medical records are more valuable to hackers than your financial records. Therefore, your records need to be sent to us in the most secure method possible. Send your records to us by US Mail, Fed-Ex or UPS. Please address the envelope to:

Dugoni School of Dentistry
Attn: Janelle Palomares, 4A-19
San Francisco, Ca 94103

We are unable to accept faxed copies due to legibility issues.

It is your responsibility to confirm that we received your records and all requirements are completed. Please do not assume that just because you sent in your records, all of the requirements have been met.

If you have questions, please contact Janelle Palomares, Student Affairs Coordinator, at 415.929.6462.