Dear New USC Health Science Campus Student,

I would like to extend a warm welcome and congratulate you on your admission to USC. Whether you are new to USC or attended as an undergraduate, I would like to introduce you to the Eric Cohen Student Health Center (ECSHC) of USC, your Medical Home on the USC Health Sciences Campus.

Please take the time to review this packet carefully and be sure you meet all of our health clearance requirements. If you have any questions, please visit http://ecohenshc.usc.edu/health-clearance/ or contact us via phone at 323-442-5980 or by email at ecohenshc.immunizations@med.usc.edu.

The Eric Cohen Student Health Center is not a typical student health center. We are a small health center serving graduate students on USC’s Health Sciences Campus. We offer comprehensive primary care as well as a fully staffed counseling center on the premises. Before your first day of class, you can visit us 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 http://ecohenshc.usc.edu/health-clearance/prices/ for price information. Once your classes begin, you will have access to all of the medical and counseling resources at our health center. More information about our services can be found on our website https://ecohenshc.usc.edu/.

We are an accredited medical home clinic by the Accreditation Association of Ambulatory Health Care (AAAHC), which means we offer the highest standards for patient care and patient experience. As your Medical Home, we offer patient-centered care, with an emphasis on evidence-based medicine, personal attention, and customer service. We hope you will use the clinic as your new primary care provider, not just when you are sick or injured. We love to see our patients and get to know them and hope you will enjoy your experience with us.

Come by and visit us, we would love to see you.

Fight On!

Kimberly Tilley, MD
ECSHC Medical Director
Health Clearance Packet 2018 – Version A

All USC Health Science Campus students entering into one of the clinical programs below must fill out ALL sections of this packet and submit with accompanying documentation to ECSHC either by mail or email by the respective deadlines.

<table>
<thead>
<tr>
<th>Program</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>June 18, 2018</td>
</tr>
<tr>
<td>Medical (MD)</td>
<td>June 29, 2018</td>
</tr>
</tbody>
</table>

Mail:
Eric Cohen Student Health Center of USC
Attn: Health Clearance Team
1510 San Pablo St. Suite 104
Los Angeles, CA 90033

Email:
To: ecohenshc.immunizations@med.usc.edu
Subject: Academic Program, Student ID #
Format: Documents must be in PDF Format

We do not accept faxed documents

FAQ:

1. My deadline to submit my health clearance packet is [—] 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:

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)
Last Name:  
First Name:  
DOB:  
USC Student ID:  
Academic Program:  
Anticipated Graduation Year:  
Cell Phone:  
USC Email:  

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

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Vaccine</th>
<th>Date</th>
<th>Results (attach full lab results)</th>
</tr>
</thead>
</table>
| 2 doses of MMR Vaccine | MMR Dose #1 | / / | ☐ Positive  
☐ Negative |
| | MMR Dose #2 | / / | ☐ Positive  
☐ Negative |
| Option 2 | Test | Date | ☐ Positive  
☐ Negative |
| Measles positive serology | Serologic Immunity (IgG, antibodies, titer) | / / | ☐ 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

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Vaccine</th>
<th>Date</th>
<th>Results (attach full lab results)</th>
</tr>
</thead>
</table>
| 2 doses of Varicella Vaccine | Varicella Vaccine #1 | / / | ☐ Positive  
☐ Negative |
| | Varicella Vaccine #2 | / / | ☐ Positive  
☐ Negative |
| Option 2 | Test | Date | ☐ Positive  
☐ Negative |
| Varicella positive serology | Serologic Immunity (IgG, antibodies, titer) | / / | ☐ 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 booster shot of Hepatitis B Vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) after 30 days. If Hepatitis B Surface Antibody is negative after second QUANTITATIVE Hepatitis B Surface Antibody, please contact the Eric Cohen Student Health Center via email.

<table>
<thead>
<tr>
<th>Vaccine/Test</th>
<th>Date</th>
<th>Results (attach full lab results)</th>
</tr>
</thead>
</table>
| Primary Hepatitis B Series  
(Must fill out this section) | Hepatitis B Vaccine Dose #1 | / / | ☐ Positive  
☐ Negative |
| | Hepatitis B Vaccine Dose #2 | / / | ☐ Positive  
☐ Negative |
| | Hepatitis B Vaccine Dose #3 | / / | ☐ Positive  
☐ Negative |
| | QUANTITATIVE Hep B Surface Antibody | / / | ☐ Positive  
☐ Negative |
| Secondary Hepatitis B  
(Fill out this section if first Quantitative Hep B Surface Antibody is Negative) | Hepatitis B Vaccine Dose #4 | / / | ☐ Positive  
☐ Negative |
| | QUANTITATIVE Hep B Surface Antibody | / / | ☐ Positive  
☐ Negative |
| Chronic Active Hepatitis B  
(fill out only if applicable) | Hepatitis B Surface Antigen | / / | ☐ Positive  
☐ Negative |
| | Hepatitis B Viral Load | / / | ☐ Positive  
☐ Negative |
| | Hepatitis B E Antigen | / / | ☐ Positive  
☐ Negative |

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap Vaccine (Adacel, Boostrix, etc from 2006 or later)</td>
<td>/ /</td>
</tr>
<tr>
<td>Td Vaccine (if more than 10 years since last Tdap)</td>
<td>/ /</td>
</tr>
</tbody>
</table>
### 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, Australia, Canada, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Jamaica, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Saint Kitts and Nevis, Saint Lucia, Sweden, Switzerland, United Kingdom, USA, Virgin Islands (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 academic start date (Full lab results must be submitted).
   - TSPOT  
   - QUANTIFERON  
   - Test Date: / / 
   - Positive  
   - Negative

□ 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 program 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 academic start date (Full lab results must be submitted).
   - TSPOT  
   - QUANTIFERON  
   - Test Date: / / 
   - 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 program start date (this is PPD #1 below) and your second TB skin test is placed and read within 3 months of your program 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:
<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
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<table>
<thead>
<tr>
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<th>Anticipated Graduation Year:</th>
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<tr>
<th>Cell Phone:</th>
<th>USC Email:</th>
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</table>

### 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.

<table>
<thead>
<tr>
<th>General</th>
<th>HEENT</th>
<th>CHEST/LUNGS</th>
<th>CARDIOVASCULAR</th>
<th>ABDOMEN</th>
<th>MUSCULOSKELETAL</th>
<th>SKIN</th>
<th>NEUROLOGIC</th>
<th>MENTAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WNL</td>
<td>WNL</td>
<td>WNL</td>
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<td>WNL</td>
<td>WNL</td>
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<td>WNL</td>
</tr>
</tbody>
</table>

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

_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

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