

## **Doctor in Physical Therapy Program Student Health Compliance Requirements**

Congratulations and welcome to the DPT Program!

An important part of your preparation for a career in the health care professions is to recognize your role as an active, hands-on participant in a variety of health care settings. In addition to your academic (didactic) and applied (clinical) training, you are required to meet a number of important immunization and physical examination requirements, not only at the start of your training, but throughout the entire three years of coursework. Many of you may not have given much consideration of your immunization requirements throughout your childhood and adolescence. As a healthcare professional, you will now need to be actively responsible for your own immunization maintenance and remain diligent against preventable diseases through regular immunizations and testing, as you will be potentially exposed to many pathogens while working with various patient populations.

Along with our initial requirements outlined below, many of the healthcare facilities that you will be training in have their own additional requirements for student clinicians, and it will be necessary for you to meet these additional requirements as they arise over the next three years. These additional requirements, such as criminal background checks and drug testing, are outlined below.

My role here in the DPT Program is to make sure that of you meet and maintain all of these requirements, while always maintaining strict confidentiality and secure records-keeping. Please be assured that I am *always* happy to assist you and answer any questions and/or concerns.

Good Luck & Good Health!

**Rachel C. Chassé-Terebo**

Compliance Coordinator

Koons 111A, Unit 2101

Office: 860.486.1854

Fax: 860.486.1588

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**Overview of Health and Immunization Requirements  
For years 1 - 3**

Requirement	DPT 1 <sup>st</sup> Year	DPT 2 <sup>nd</sup> Year	DPT 3 <sup>rd</sup> Year
Physical Examination, inc. urinalysis and CBC blood test	X	-	-
Titers for Hep B*, Measles, Mumps, Rubella, Varicella	X	-	-
PPD test for Tuberculosis**	X	X	X
Influenza vaccination (each October)	X	X	X
CPR/AED w/ First Aid training (a copy of training card must be provided)	X	X	X
OSHA Bloodborne Pathogens Training	X	X	X
HIPAA training	X	-	-
Health Insurance Verification Form (a copy of insurance card must be provided )	X	-	-
Release and Auth. for Use or Disclosure of Protected Health Information Form	X	-	-
Property Waiver Form	X	-	-
Medicare Exclusion Verification Form	X	-	-

*\*or completed "Declination of Hepatitis B Vaccination" form available from Compliance Coordinator*

*\*\*See page 3 for further explanation of TB requirements*

## **Physical Examination and Immunization Requirements**

All DPT students are required to be free of communicable disease and in good health prior to any course work that may require direct, or indirect, patient contact. Thus, all students are **required** to have an initial physical exam before the start of the first Fall semester. **It is strongly recommended that students plan on getting their physicals and titers done during the first summer of the program. We will however accept physicals done earlier in the current calendar year, providing all necessary tests were conducted.**

Students should bring a copy of the **UConn Student Health Services Health Review Clinical Rotation Form** (*see Appendix*) with them to their physical appointment, and have that form completed and signed by their provider.

**In addition to the basic requirements listed on the Clinical Rotation Form**, the following lab work must be done and a **copy of the lab slip** must accompany the form:

- A CBC blood test that includes at least:
  - White blood cell (WBC, leukocyte) count; White blood cell types (WBC differential); Red blood cell (RBC) count; Hematocrit (HCT, packed cell volume, PCV); Hemoglobin (Hgb); Red blood cell indices [including: mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH) and mean corpuscular hemoglobin concentration (MCHC)]; Red cell distribution width (RDW); Platelet (thrombocyte) count; Mean platelet volume (MPV)
- A standard urinalysis screening for kidney disease, diabetes mellitus, hypertension (high blood pressure), liver disease, etc.
- Positive titer tests for HepB\*, Measles, Mumps, Rubella & Varicella  
***IMPORTANT: documentation of prior immunization is NOT sufficient, unless done within 2 years.***
- Up-to-date Tetanus immunization, preferably TDAP (tetanus, diphtheria and pertussis) This must be done within the last 10 years. Students may be required to get an additional TDAP if required by facility. If the 10-year expiration occurs during the three years of coursework, the student will be expected to get an updated TDAP shot at that time.
- Mantoux PPD (Tuberculosis) – 2-step test or chest x-ray (if positive, student must present proof of INH therapy or a negative chest X-ray) or Quantiferon T-Spot blood test.
- Yearly Flu Shots (student must show completed documentation of type of vaccine administered, as well as date and signature of healthcare professional providing the immunization). Flu shots should be gotten during the Fall semester of each year; we encourage students to take advantage of flu clinics held on campus each fall.

## **\*Hepatitis B Immunizations**

Students in the DPT program are **required** to have the Hepatitis B Immunization series, unless immunization is medically contraindicated (in which case completion of the **Hepatitis B Declination Form** is required). This series **must** be completed by the beginning of the Spring semester of the first year in the program, most preferably prior to the beginning of the program.

Failure to provide proof of injections will be viewed as non-compliance and will result in placement of a bar on registration access. Student Health Services will provide the immunization series of three (3) injections, OR students may elect to have the immunization performed by a private physician.

- Students using Student Health Services should report to Clinic Desk and identify themselves as a DPT student. For Hep B Immunization costs, refer to the SHS Schedule of Fees.
- Students using a private physician **MUST** provide a completed *Verification of Hepatitis Immunization Form* to Student Health Services **AFTER EACH INJECTION**.
- **Note:** Hepatitis B Immunization is a series of three (3) injections. The series must be given in a specified time line. If the timeline between individual injections is late or interrupted, you may have to begin the series anew based upon medical assessment. **You are responsible to monitor your series. The school *will not* notify you for each injection.**

### **Using Student Health Services (SHS) vs. Your Own Primary Care Provider (PCP)**

Students may have their physical examinations, titers, urinalysis and blood testing, and ppd tests conducted by the University Student Health Services (The Infirmary), OR students may elect to have these services performed by a private physician or local clinic. The decision to do so is at the discretion of each student, and should be made based upon the parameters of your health insurance coverage. ***Students are responsible for checking with their own insurance carrier to determine if all required physical examination and lab tests are covered.*** Please refer to the SHS website at <http://www.shs.uconn.edu/> for further explanation.

For students choosing to have this done through The Infirmary, physical exams, blood and urinalysis, immunizations and ppd testing are **by appointment only**. At the time of appointment scheduling, the student will be counseled by a representative from the SHS Billing Office to discuss each student's insurance coverage, plan limits and examination cycle, as well as any additional fees related to titers, ppds, chest xrays, and blood and urine tests. Examinations generally take 40-45 minutes. Students are expected to obtain all necessary completed forms and documentation from the SHS services provider at the time of service. **NOTE: SHS has limited clinical hours during the summer months for scheduled physicals and tests; their hours of availability are Monday and Thursday mornings only.**

While the SHS Infirmary is a local and logical choice for many students, we encourage any student to use their own primary healthcare provider (PCP) for any and all tests, based upon ease and proximity of their PCP and the limitations of their health insurance coverage. Again, students are expected to obtain all necessary completed forms and documentation from the PCP services provider at the time of service.

**Costs not covered by the student's private insurance will be the responsibility of the student.** Refer to the *UConn Student Health Services Table of Fees* included in the Appendix.

Many clinical facilities require additional procedures for clinical affiliations. It is the student's responsibility to check with the facility's Director of Clinical Ed (the CCCE) for a complete list of all the requirements of each facility at least three months prior to the beginning of the affiliation. These additional requirements *MAY* include 5- or 10-panel drug screens, criminal background checks, mask fittings, and fingerprinting and additional pre-orientation training.

**IT IS THE STUDENT'S RESPONSIBILITY TO PRESENT  
ALL COMPLETED FORMS & DOCUMENTATION  
TO THE HEALTH & IMMUNIZATION  
COMPLIANCE COORDINATOR**

**Failure to submit information by the specified deadlines (provided by the Compliance Coordinator) will impact the start of clinical practice and therefore may prolong or preclude participation in the program. Students with incomplete health forms who are scheduled to attend clinical affiliations or integrated practicums will not be allowed to start their clinical affiliations. Missed clinic days will not be waived for this excuse and students will be required to make that time up at the discretion of the faculty.**

## **CPR/AED w/ First Aid**

All DPT students are required to maintain current *BLS (CPR/AED) for Healthcare Providers with Heartsaver First Aid* certification for the duration of their training. Certification cards are required by the beginning of the first fall semester and must be maintained throughout the time the student is in the DPT program. Any student whose CPR and or First Aid certification expires before the end of a clinical practicum course will not be allowed to start that course. Students may use a local training facility in their hometown such as the Red Cross, or training available here on campus. Retraining classes are given here in-classroom yearly based on student need.

## **OSHA Bloodborne Pathogens Training**

All DPT students will receive classroom training in OSHA Bloodborne Pathogens during their first-day orientation. Thereafter, students will be required to take on-line recertification through the Environmental Health & Safety website each of the remaining two years of their training. They are then required to provide evidence of their recertification before they can begin their clinical affiliations. The Compliance Coordinator will notify each class when this retraining will occur.

## **HIPAA training**

All DPT students will receive classroom training in HIPAA (Health Information Privacy & Protection Act) during their orientation session. Thereafter, students may be required by the individual clinics to undergo further HIPAA, Codes of Conduct and confidentiality training.

## **Health Insurance Verification**

All students are required to carry personal health insurance throughout the program. Completion of the *Health Insurance Verification Form*, as well as providing a copy of the student's insurance information, will be expected upon completion of their orientation session, as well as prior to each clinical affiliation. **If students are covered under their parent's insurance carrier, this form must be signed by that parent.**

## **Release of Health Information**

All students in healthcare-related professional schools of study here at UConn are required to complete a *Release and Authorization for Use or Disclosure of Protected Health Information Form* for discharge of their medical records to clinical affiliates. This authorization will remain in effect for the duration of the student's time in their professional program. Information obtained from physical exams, CORI checks and drug screens will be made available to the DPT Program and to each clinical site where the student is placed if required.

## **Property Waiver and Medicare Exclusion Waiver**

All DPT students are required to complete the Personal Property Waiver and Medicare Exclusion Waiver upon completion of their orientation session. Occasionally, clinical sites require additional verification of student exclusion of Federal payment plans, which will be addressed by the Compliance Coordinator 4-6 weeks before the student begins their affiliation.

## **Criminal Offense Background Investigations (CORI) and Illegal Drug Testing**

**A positive criminal background check result may preclude participation in clinical experiences, as well as your ability to be licensed to practice physical therapy in some or all states. Students are encouraged to discuss concerns with the Program Director as soon as it is reasonable, since the nature and time of criminal offenses are considered. Please note that the clinical sites, not the University, have ultimate authority in permitting students to participate in clinical care at their facilities.**

Students in their first year of training will get a CORI check through the UConn Health Center in order to obtain an employee ID badge for their training period. The results of this test are made known to the Compliance Coordinator and to the Program Director, and a letter of attestation is provided for each student.

Over the three years of the program, students are placed in four separate 8-week clinical affiliations. Many (but not all) of these clinical sites require an additional Criminal Offender Record Information (CORI) check before a student is allowed to work with patients during their clinical affiliations. Each student is responsible for determining if their assigned site requires the CORI investigation, and for making arrangements to have it done either locally or through the clinic's own service. These additional background checks are made available directly to the student, who must then forward them to the Compliance Coordinator.

In addition to CORI checks, some clinics also require a urinalysis drug testing, which may or may not include tests for the following: amphetamines (including methamphetamine), barbiturates, benzodiazepines, cannabinoids, cocaine, methadone, methaqualone, opiates (codeine, morphine, heroin, oxycodone, vicodin, etc.) phencyclidine (PCP) and propoxyphene.

Students may arrange for drug testing through their own healthcare provider, a local clinic such as Quest Diagnostics, or our preferred provider:

**CorpCare Occupational Health**

2800 Tamarack Avenue, Suite 001

South Windsor, CT 06074

860.647.4796

<http://www.echn.org/Locations/CorpCare-Occupational-Health.aspx>

On occasion, some clinical sites will provide their own drug testing services.

The cost for this test is generally NOT covered by insurance and must be paid by the student. Fees generally run between \$50-70; we strongly recommend students receive a cost quote before urinalysis services are rendered.

## **Appendix:**

- ✓ UConn Student Health Services **Table of Fees**
- ✓ SAMPLE of Immunization History (available through [myhealth.uconn.edu](https://myhealth.uconn.edu))
- ✓ UConn Student Health Services **Health Review Clinical Rotation Form**

😊 UConn **Release and Authorization for Use or Disclosure of Protected Health Information Form**

😊 **Health Insurance Verification Form**

😊 **Please be sure to bring these two completed forms with you to Orientation**

**UConn Student Health Services Lab Fees 2012**  
*(prices are subject to change)*

Fit Testing (for respirator mask)	\$20
Physical Exam - Other	\$75
PPD test	\$12
Titer - Measles	\$30
Titer - Mumps	\$30
Titer - Rubella	\$30
Titer - Varicella	\$41
Vaccine - Hep B	\$70 <i>(per injection)</i>
Vaccine - MMR & Varicella	\$140
Vaccine - Tetanus (td)	\$25
Vaccine - Varicella	\$95

# Immunization History

## University of Connecticut Student Health Services

UCONN Student Health Services  
234 Glenbrook Rd, Unit 2011  
Storrs, CT 06269-2011  
(860) 486-4700

## Patient Information

Name: [REDACTED]  
Address: [REDACTED]

DOB: [REDACTED]  
ID: [REDACTED]

## Vaccination History

Name	Date	On Site	Additional Information
Hepatitis B	02/09/2001	N	
Hepatitis B	07/27/2000	N	
Hepatitis B	06/28/2000	N	
Influenza	10/19/2010	Y	Other; 0.5; IM; left
MMR	08/24/1999	N	
MMR	07/14/1989	N	
Meningococcal NOS	04/18/2006	N	
Skin test; tuberculosis, intradermal TB PPD	01/17/2012	Y	Pre-matriculation; 0.1cc; SC; forearm (L)
Td (Tetanus, Diphtheria)	06/15/2001	N	

## Titer Results

Name	Date	Result
Hepatitis B	02/01/2012	Positive
Measles	08/19/2010	Positive
Mumps	01/17/2012	Positive
Rubella	08/19/2010	Positive
Varicella	08/19/2010	Positive

## Incidences of Disease

Name	Date
Varicella	03/01/1991

## Tuberculosis History

Name	Date	Result
PPD	01/17/2012	
PPD	01/17/2012	Negative (0 mm)
PPD	07/05/2011	Negative
PPD	08/21/2010	Negative

## Exemptions

None

# Health Review Form

Clinical Rotation University of Connecticut

## Part 1: To be completed by Student

LAST NAME		FIRST NAME		PROGRAM/SCHOOL <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Kinesiology <input type="checkbox"/> Allied Health CAMPUS <input type="checkbox"/> Avery Point <input type="checkbox"/> Storrs <input type="checkbox"/> Stamford <input type="checkbox"/> Waterbury	
PeopleSoft ID #	Date of Birth	EMAIL		CELL/LOCAL PHONE	
<b>PERSONAL HISTORY</b>		<b>NO</b>	<b>YES</b>	<b>COMMENTS</b>	
1	Health Changes				
	DATE OF LMP				
2	Medications				
3	Hospitalizations				
4	Accidents or Injuries				
5	Health Concerns				
6	Allergies				
ADDITIONAL COMMENTS:					

## Part 2: To be completed by Health Services OR Other Healthcare Provider

*Dates of both immunizations and titers must be provided for acceptance to clinical rotation.*

*\*A Hepatitis B Titer is required only if the Hepatitis B series has been completed within the past 2 years*

DISEASE	VACCINATION 1 DATE	VACCINATION 2 DATE	TITER DATE	TITER RESULTS	DATE OF DISEASE
MEASLES				<input type="checkbox"/> IMMUNE <input type="checkbox"/> NON-IMMUNE	
MUMPS				<input type="checkbox"/> IMMUNE <input type="checkbox"/> NON-IMMUNE	
RUBELLA				<input type="checkbox"/> IMMUNE <input type="checkbox"/> NON-IMMUNE	
VARICELLA				<input type="checkbox"/> IMMUNE <input type="checkbox"/> NON-IMMUNE	
HEPATITIS B VACCINATION	1 <sup>ST</sup> HEP B DATE	2 <sup>ND</sup> HEP B DATE	3 <sup>RD</sup> HEP B DATE		
*HEPATITIS B TITER				<input type="checkbox"/> IMMUNE <input type="checkbox"/> NON-IMMUNE	
TD BOOSTER (Must be given within the past 10 years)			INFLUENZA VACCINATION		
DATE: <input type="checkbox"/> Td <input type="checkbox"/> Tdap			DATE:		
PPD – Must be current to this year.	DATE PLANTED:	DATE READ:  mm ____	RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive	If Positive Chest x-ray is needed X-RAY DATE:  RESULTS:	HX of TB Treatment and Date (Specify type)
COMMENTS/PRESCRIPTIONS/PHYSICAL ASSESSMENTS IF NECESSARY					
Provider must sign to attest to immunization information					
HEALTH CARE PROVIDER SIGNATURE					DATE

**Physical Exam Form  
Clinical Rotation  
University of Connecticut**

**Part 3: Physical Examination to be completed by Healthcare Provider**

LAST NAME		FIRST NAME		PeopleSoft ID #
<b>Vital Signs</b> BP:                      Pulse:                      Height:                      Weight:				Allergies <input type="checkbox"/> No allergies
<b>WNL</b>	<i>Check Box for within normal limits</i>			
	Head/ears/nose/throat			
	Mouth/teeth			
	Eyes/ophthalmoscopic			
	Spine/neck			
	Nodes			
	Chest/lungs			
	Heart			
	Abdomen			
	Breast/Testicles			
	Extremities			
	Skin			
	Neurologic			
	Psychological			
<b>Impression</b>				
<b>Additional information</b>				
I have examined this person and find no medical condition that would prohibit him/her/from fully participating in their Clinical Rotation.				
<b>Clinician Name</b>			<b>Clinician Signature</b>	
<b>Today's Date</b>			<b>Clinician Telephone Number</b>	



## Release and Authorization for Use or Disclosure of Protected Health Information

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

PeopleSoft ID # \_\_\_\_\_

I hereby authorize the **University of Connecticut Doctor of Physical Therapy Program** to use or release my medical information and to disclose a copy of the specific health information identified below to any agency requiring said information for students to have learning experiences in their facilities.

As per my request, the purpose of this disclosure is for documentation of my health in order for me to participate in educational experiences conducted by the University of Connecticut.

By initialing the spaces below, I specifically authorize the use or disclosure of the following health information:

- Immunization reports, titers or documentation of disease incidence for measles, mumps, rubella, varicella, tetanus-diphtheria(within 10 years) and hepatitis B;
- Meningococcal vaccine and flu vaccine;
- Physical examination including urinalysis and blood work for Hemoglobin and Hematocrit
- Tuberculosis blood tests or TB skin tests;
- Influenza, if applicable.

The following items must be initialed to be included in this request for use or disclosure:

- |  |  |
|--|--|
| <input type="checkbox"/> HIV/AIDS related information          | <input type="checkbox"/> Drug & Alcohol treatment information    |
| <input type="checkbox"/> Mental health information             | <input checked="" type="checkbox"/> Background Check information |
| <input checked="" type="checkbox"/> Drug screening information | <input checked="" type="checkbox"/> Fingerprinting information   |

I understand that disclosure of this information carries with it the potential for unauthorized re-disclosure, and once information is disclosed it may no longer be protected by federal or state privacy regulations. I hereby expressly release, discharge and hold harmless the University of Connecticut and the State of Connecticut, and any employees, officials and successors of these entities, from any and all claims or liabilities which I may have or assert have arisen from the release or disclosure of my medical information. I expressly intend that this release binds me, if I am alive, and my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased. I expressly acknowledge that this release is a covenant not to sue the University of Connecticut or the State of Connecticut, or their officials or employees or their successors.

I understand that I may revoke this authorization at any time, provided that I do so in writing, except to the extent that action has already been taken upon this authorization. This release and authorization remains valid unless revoked in writing.

This release is valid for the entire time that I am pursuing a DPT degree at the University of Connecticut.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed



**Department of Kinesiology**  
**Doctor of Physical Therapy Program**

**Verification of Health Insurance Form**

Student Name: \_\_\_\_\_ Peoplesoft#: \_\_\_\_\_

If the insurance is in your name, attach a copy of the insurance card

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

If the insurance is under a Parent's or Spouse's name, complete the following:

A. Name of Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Dates of Coverage: \_\_\_\_\_

Signature of parent or spouse verifying your coverage

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

Print Name: \_\_\_\_\_

**PLEASE return this form to the attention of Rachel Chasse-Terebo:**

**Mail:** University of Connecticut  
Neag School of Education  
Physical Therapy Program  
358 Mansfield Road, Unit 2101  
Storrs, CT 06269-2101

**On-site:** Koons Room 111A