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| **Immunizations** | **CHP/PPS No. 02.02.33****Issued: 09/01/96****Revised Date: October 2021****Next Review Date: October, E2YRS****Sr. Reviewer: CHP Associate Dean** |

**01. PURPOSE**

01.01 The purpose of this policy is to establish a means and mechanism to facilitate the submission of immunization records and items required by intern/resident/clinical sites affiliation agreements.

**02. POLICY**

02.01 There is no University policy relative to this subject. The College of Health Professions Policy is as follows:

a. All interns/residents/clinical students in the College are required to have an immunization verification and health evaluation completed by a licensed health care provider or a third-party vendor prior to beginning their intern/resident/clinical student placement. This information is to be submitted to the students’ respective academic leadership or the approved vendor by the date established by the academic unit and the affiliation agreement (CHP 03.04.07).

b. The Dean’s Office will maintain a list of its affiliated clinical/placement sites with requirements noted. This list is to be reviewed by the clinical education placement coordinator or the academic unit leadership- prior to intern/resident/clinical student placement to ensure that the agreement is current.

c. Each academic unit may choose to use the health certificate form that best suits their individual intern/resident/clinical student placement requirements. (Addendum A, B, or C).

d. The immunization record and the health certificate form (if used) will be maintained by the academic unit or third-party vendor according to established policy and affiliation agreement.

e. Each academic unit will establish a procedure for notifying students of this policy, for collecting appropriate immunizations and health certificate forms, and for maintaining these forms, to include a suspense date for destroying any paper copies of forms.

f. Each academic unit will ensure that their policy and procedures for handling student immunizations and health certificate forms ensures the privacy of the students and their reports.

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dr. Matthew S. Brooks, Associate Dean Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dr. Ruth B. Welborn, Dean Date