SCHOOL OF HEALTH PROFESSIONS
Student Health Policy

The following policy has been developed from the UAB Immunization Policy (March 20, 2002), and serves to protect both students and patients. The required immunizations depend on the type of program in which the student is enrolled. Requirements differ for students who are involved in direct patient care versus students who are not involved directly with patients or patient specimens. Students are required to submit documentation of immunization to UAB Student Health Service. Failure to do so will result in a hold placed on their registration.

SHP Programs
Type 1: Programs involving direct patient care and/or analysis of laboratory specimens:

- Medical Technology
- Cytotechnology
- Radiography
- Radiation Therapy
- Nuclear Medicine Technology
- Respiratory Therapy
- Surgical Physician Assistant
- Occupational therapy (entry level)
- Physical Therapy (DPT)
- Dietetic Internship
- Nurse Anesthesia
- Clinical Laboratory Sciences

Type 2: Programs that do not involve direct patient care:

- Health Sciences
- Health Information Management
- Health Administration (MSHA, PhD)
- Health Informatics
- Nutrition Sciences (PhD)

Type 3: Programs in which students spend limited or no time on campus and do not involve direct patient care:

- Health Sciences, Health Information Management online students (totally online)
- Postprofessional programs in Physical Therapy (DScPT)
- Occupational Therapy (post professional MS)
- Low Vision Rehabilitation
- Health Administration (MSHA-exec)
- Clinical Nutrition (MS)

*Type 2 and 3 students, and students who are more than 100 miles from UAB for an entire semester and do not have Viva health insurance are eligible to apply for a waiver of the Student Health Service fee.
Students in Type 1 programs must complete the following:

1. Complete the Student Health Service's Health Form and provide proof of hospitalization insurance.
2. Provide proof of a physical exam within one year of their matriculation date.
3. Provide proof of two viable Rubeola containing vaccines. A titer test providing positive immunity to the MMR (Rubeola, Rubella and Mumps) can replace this requirement only if the individual can show immunity to all three diseases.
4. Provide proof of immunization to varicella (chickenpox).
5. Provide proof of current TB skin test (within 3 months of matriculation). A two step test is required prior to participation in clinical environments, and a one step test annually thereafter.
6. Provide proof of a tetanus booster given within the past 10 years of matriculation date.
7. Provide proof of immunity to Hepatitis B (initial three vaccinations and a positive titer).

Students enrolled in Type 2 programs must complete the following:

1. Complete the Student Health Service's Health Form and provide proof of hospitalization insurance.
2. Provide proof of two viable Rubeola containing vaccines. A titer test providing positive immunity to the MMR (Rubeola, Rubella and Mumps) can replace this requirement only if the individual can show immunity to all three diseases.
3. Provide proof of current TB skin test (within 3 months of matriculation).
4. Provide proof of a tetanus booster given within the past 10 years of matriculation date.

Students enrolled in Type 3 programs must complete the following:

1. Provide proof of hospitalization insurance.
2. Provide proof of two viable Rubeola containing vaccines. A titer test providing positive immunity to the MMR (Rubeola, Rubella and Mumps) can replace this requirement only if the individual can show immunity to all three diseases.
3. Provide proof of current TB skin test (within 3 months of matriculation).
4. Provide proof of a tetanus booster given within the past 10 years of matriculation date.

Students who transfer from one SHP program to another within a calendar year will not be required to repeat the health form and physical examination. Students must complete all requirements of the new program in which they are enrolled.

Approved 11/6/03
Revised 6/28/06
Approved:

Harold P. Jones, Ph.D.
Dean, School of Health Related Professions

Date

William L. Fulcher, M.D.
Director, Student Health Services

Date
School of Health Professions
Request for Waiver of Student Health Services Fees

Name: ___________________________________ SSN: _______________________

Term: ___________________________ Program: _____________________________

I would like to request a waiver of the Student Health Services Fee of $75 per term. To be eligible for a waiver, I must:

a.) Be a student in one of the following programs: Health Sciences, Health Information Management, Health Administration (MSHA, PhD), Health Informatics, Nutrition Sciences (MS, PhD), DScPT, Post professional OT Program, Low Vision Rehabilitation.

Or

b.) Be a student in any program who is located more than 100 miles from Birmingham for an entire semester.

I also must meet the following qualifications:

c.) Have my own health insurance (NOT the Viva policy offered through UAB)

d.) Have access to local health care in case I do become ill or injured.

I understand that if I am granted a waiver of this fee that I will not be eligible to receive any medical services from Student Health (including treatment for a needle stick injury or accidental blood/body fluid exposure). I will be able to receive routine immunizations from Student Health Services for a fee. I also understand that in the event I am no longer covered by my own insurance that it will be my responsibility to obtain appropriate health insurance or to sign-up for the Viva policy offered through UAB. If I sign-up for the Viva policy, I will no longer be eligible for a waiver of the Student Health Fee.

_________________________________________  ___________________________
Signature of Student                        Date

_________________________________________  ___________________________
Signature of Program Director               Date

Distribution:
Original – Student Health Services, CH20, Room 221
1 Copy to Sharon Robinson, SHP Student Services, RMSB 475
1 Copy to be maintained by program office

Revised 7/16/07