IMMUNIZATION/CERTIFICATION REQUIREMENTS

Doctor of Physical Therapy Program

Immunizations, Screening tests and Vaccines listed below are required prior to October 1. The Doctor of Physical Therapy Program requires additional immunizations beyond University Requirements. Official documentation (medical records) must be provided for all immunizations (see note regarding HepB series requirements) listed below and must be provided to the Castlebranch tracking system by October 1, 2017. Please remember this is in addition to any documentation provided to Florida Gulf Coast University during the application process.

A. Required immunizations and screening tests

- Positive Rubella (German Measles) & Positive Rubeola (Measles) Titer Test OR Two (2) shot MMR series
- Positive Varicella (Chicken Pox, Herpes Zoster) Titer Test OR Immunization
  - Previous occurrence of Chicken Pox is not sufficient, a titer is required to prove immunity
- Current Tetanus booster (must be “Td” within 10 years)
  - Must remain current while enrolled in Physical Therapy Program
- Mantoux TB screening test within 1 year of application and yearly thereafter
  - Must remain current while enrolled in Physical Therapy Program
  - A positive Mantoux TB test result must be followed up with a chest x-ray and/or verification of inactive status
- Hepatitis B (HB) Vaccine (series of 3 immunizations at 0, 1, and 6 months) AND positive titer results
  - The series of 3 immunizations must be completed at 0, 1 and 6 months
  - A positive titer following the immunizations is required in addition to the series of 3 vaccines
  - A student signed waiver for the Hepatitis B Vaccine series is also accepted by the Department of Rehabilitation Sciences but may exclude you from working at certain Clinical Sites due to requirements of individual sites.
- Influenza Vaccine
  - All students are required to obtain an influenza vaccine in the Fall of each Year. Flu Vaccines can be obtained from Student Health Services in the Fall Semester of each year. Due to availability of flu vaccine, deadline is November 1.

B. Required Certifications and other requirements:

- CPR/AED & First Aid
  - CPR/AED and First Aid courses will be scheduled for students within 2-3 weeks of entering the Physical Therapy Program. There is a cost of $35.00 for the CPR/AED course and $15.00 for the First Aid course (cost of courses noted is current and subject to change without notice). If you do not complete these courses, or already have certifications, you will be required to seek and obtain certification on your own. No additional courses will be offered at FGCU. Courses must be completed by 10/1/18 and certification must remain current throughout the Physical Therapy Program.
- Liability Insurance
  - All students must maintain constant and continuous coverage for professional liability while enrolled in the program. A Blanket Liability Policy is provided for students at a reduced cost. All students must participate in the Blanket Policy. Payment is made through the Department Storefront
- Finger Printing
  - Additional Information on completing the finger printing will be provided at orientation.
  - This requirement is in addition to the background check completed prior to entry into the program.
- Health Insurance
  - All students should maintain continuous Health Insurance Coverage. Proof of coverage must be provided to the department.

It is important that you retain a copy of all information submitted to Castlebranch for your personal records and for future use in the Physical Therapy Program.
Florida Gulf Coast University  
Department of Rehabilitation Sciences  

HEPATITIS B IMMUNIZATION WAIVER

Hepatitis B virus infection is principally transmitted by contact with blood, blood products, and body fluids (saliva, tears, breast milk, etc.) of the infected person. Exposure to infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane potentially result in contracting the Hepatitis B virus. Health care workers who are exposed to any of the above are among the highest at risk for contracting Hepatitis B virus.

Among the people at highest risk of contracting hepatitis B infection are health care workers who are exposed to the infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane. If you have additional questions or concerns regarding these risks, please contact your personal health care physician and/or nurse practitioner.

Hepatitis B infection manifests itself in symptoms of jaundice, skin rash, headache, arthritis, fatigue, loss of appetite, and abdominal pain. The disease is fatal for 1% of the persons who contract it, and between 5% and 10% of the victims become chronic carriers who may later be predisposed to liver cancer or chronic liver impairment.

Hepatitis B Virus vaccine has been developed to prevent this infection. For immunization protection, three 1.0 ml intramuscular injections of the vaccine are administered at 0, 1, and 6 months. High titers of antibodies are produced in 95% of normal adult recipients. The duration of protection and need for booster doses has not yet been determined. Testing for immunity after vaccination is not routinely recommended unless you are in a health care profession or a profession at high risk of exposure to the disease.

As a student in the Department of Rehabilitation Sciences at Florida Gulf Coast University, you are required to provide proof of hepatitis immunization or sign a waiver. The Department of Rehabilitation Sciences encourages you to complete the Hepatitis B immunization series for your protection. If you elect to waive the Hepatitis B immunization series, sign below and return this form to the Department of Rehabilitation Sciences.

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given sufficient time to complete the hepatitis vaccination schedule, however, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I also am aware that by declining this vaccine, I may not be able to enter into a clinical affiliation with certain health care facilities which require the vaccine.

______________________________  ________________________________
Date                      Student Signature

______________________________  ________________________________
Date                      Witness

Doctor of Physical Therapy Program  Immunization/ Vaccination Requirements and Pricing