

Temple University College of Public Health and School of Social Work

Policy Number: 02

Effective Date: 11/20/2023

Last Review: 11/20/2023

Issuing Authority: Office of the Dean

Title: Pre-matriculation Health Compliance Requirements

1. **Scope of the Policy:** This policy details the pre-matriculation health related requirements for College of Public Health students.
2. **Reason for Policy:** To prevent outbreaks of vaccine preventable communicable diseases among students; to prevent or reduce the risk of transmission of vaccine preventable and other communicable diseases between and among students and patients and other persons at Temple University and Temple University–affiliated health care units. Students who do not comply with this policy will not be able to advance in course work.
3. **Who should read this policy:** All Temple University College of Public Health students, deans, program directors, advisors, field education faculty and staff and student health services staff.
4. **Resources:**
 - a. (Exhibit A): Summary of Student Immunization and Health Requirements
 - b. (Exhibit B): CPH Pre-matriculation letter
 - c. (Exhibit C): TU Student Physical Form
 - d. (Exhibit D): TU- HSC PPD Summary Form
 - e. (Exhibit E): Using the Temple University Student Health Services Portal Guide
 - f. [Centers for Disease Control and Prevention \(CDC\) Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. CDC MMWR December 20, 2013;62\(10\): 1-19.](#)
 - g. [Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–443.](#)
 - h. [Sterling TR, Njie G, Zenner D, et al. Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020. MMWR Recomm Rep 2020;69\(No. RR-1\):1–11.](#)
 - i. [Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111–5.](#)

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- j. [Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\). CDC MMWR Nov 25, 2011;60\(7\):1-45.](#)
 - k. [Society for Healthcare Epidemiology of America \(SHEA\) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, Infection Control and Hospital Epidemiology, March 2010, Vol. 31, No 3.](#)
 - l. [Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students. CDC MMWR July 6, 2012;61\(RR03\);1-12.](#)
 - m. [Implementation of Meningococcal Vaccine Requirements – Guidance for Institutions of Higher Education](#)
5. **Definitions:** Requirement categories detail the type of activities the student may customarily participate in.
- a. **Category 1:** Clinical activities, with risk of exposure to blood or potentially infectious body fluids.
 - b. **Category 2:** Clinical activities, with no risk of exposure to blood or potentially infectious body fluids.
 - c. **Category 3:** No clinical activities, but risk of exposure to blood or potentially infectious body fluids. (e.g., in labs or research)
 - d. **Category 4:** No clinical activities and no risk of exposure to blood or potentially infectious body fluids.
 - e. **Category 5:** Web only (no clinical activities, no risk of exposure to blood or potentially infectious body fluids, and no classroom component)
6. **The Policy:** Once Students are assigned to a program in banner, they will receive email communication from SHS (Exhibit B) about health-related compliances. Prior to matriculation all students are required to upload proof of a physical exam, childhood immunizations and proof of immunity (titers), TB screening, COVID-19 vaccination into the Student Health Services Patient Portal, <https://shs-portal.temple.edu/login.aspx> . See Exhibit F for instructions. Once students have inputted the requested information and uploaded source documents to the portal, their information will be verified by a member of the SHS team. If the information is correct students will see **“YES”** on their health record summary in the verified column next to the health item. Students whose information is all correct and verified will see **“COMPLETE”** noted under status on their summary report and in their portal view. **NOTE** verification usually takes 48 hours however can take up to 7-10 days; thus, it is important that documents are uploaded promptly. If documents are incomplete a student will be listed as **“NOT COMPLIANT”** and will continue to receive email communications from student health services reminding of incomplete items. Students will also receive notification of outstanding requirements on their TU portal **“TO-DO.”**
Immunizations and Health Requirements are outlined below and summarized in EXHIBIT A.

Students may receive a physical exam free of charge and other health related services through student health services. A list of services and fees can be found by accessing the following URL:
[https://studenthealth.temple.edu/appointments/prices.](https://studenthealth.temple.edu/appointments/prices)

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- a. **Health history and physical:** All students must upload to the Student Health Services Patient Portal a pre-matriculation health history and physical completed not more than 6 months prior to matriculation to the College of Public Health and Social Work. If indicated by an affiliate contract a physical may need to be repeated prior to being on-site with an affiliate.

- b. **Hepatitis B (HBV):**
 1. Students who have not been vaccinated must complete the 3-dose series within 9 months of enrollment, those who have received one dose must receive the remaining doses within 6 months, and those who have received two doses must receive the remaining dose within 4 months. Alternatively, the requirement may be satisfied with documentation of administration of the Hepatitis B vaccine that is approved as a 2-dose schedule in students aged 18 and older.

 2. Students **with no risk** of exposure to potentially infectious body fluids through clinical or laboratory activities (category 2 or 4) must submit documentation of a complete vaccination series or demonstrate serologic immunity with a quantitative Hepatitis B Surface Antibody.

 3. Students **with risk** of exposure to potentially infectious body fluids through clinical activities (category 1) must undergo testing for HBV immunity and infection prior to matriculation, enrollment, or clinical activities. Testing should ordinarily consist of a quantitative Hepatitis B surface antibody (HBsAb) followed by additional tests as deemed appropriate by Student Health Services.
 - a. Students who *test negative for HBV* immunity are required to begin immunization against HBV, following the CDC guidelines outlined below. Students should begin this process as soon as possible. They will be granted 60 days grace to start this process, during which time they can continue in a clinical practicum experience.

Previously immunized students with inadequate levels of antibodies despite previous immunization must receive a booster dose of the vaccine, followed by testing for antibody titers (HBsAb) 1-2 months post-immunization booster. Non-responders to a primary series of immunizations and booster dose must complete a second immunization series and be tested again for response.

Students who still do not respond with antibody production following a second series of immunizations are considered susceptible to HBV infection, and must be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to body fluids or laboratory material containing Hepatitis B.

- b. In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.
- c. **Measles, Mumps and Rubella (MMR):**
 1. Students born after 1956 must provide documentation that they have received 2 doses of the measles, mumps, and rubella vaccine. Acceptable documentation includes:
 - a. Dates of 2 doses of MMR vaccine at least one month apart, or
 - b. Blood titers demonstrating immunity.
 2. Students lacking proof of MMR immunization or immunity must receive the first dose of MMR before being permitted to attend classes.
- d. **Tuberculosis (TB) testing:** Students must undergo TB testing using either a Food and Drug Administration (FDA) approved blood assay for TB (QuantiFERON, T-SPOT or skin test using the Mantoux method (5 tuberculin units of purified protein derivative (PPD) injected intradermally), within six months prior to first matriculation or enrollment.
 1. If a TB test is performed and positive, the student must submit results of a chest x-ray or an FDA-approved blood assay for TB demonstrating absence of active disease within the past 6 months.
 2. If an FDA-approved blood assay for TB is performed and positive, the student must submit a chest x-ray demonstrating absence of active disease within the past 6 months.
 3. Periodic testing: Students who have a negative baseline TB skin test or blood assay may be required to be tested annually, per requirements of clinical affiliate contract.
 4. **History of Bacilli Calmette-Guerin (BCG):** Students with a history of BCG (Bacilli Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there is no data to indicate that these individuals experience an excessively severe reaction to PPD testing, and because anyone with a history of BCG with a positive PPD test result is considered infected with TB and is treated accordingly. Students who received BCG may be screened with either an FDA-approved blood assay for TB or a tuberculin skin test. The blood assay is expected to result in fewer false positive results.
 5. **TB test interpretation:** All PPD tests and FDA-approved blood assays for TB must be administered, read, and interpreted in accordance with current Centers for Disease Control and Prevention (CDC) guidelines and should be performed by

trained personnel at a Temple University Student Health Service, or other approved provider.

e. **Varicella (chickenpox):**

1. Students with clinical activities or who are located in any patient-care facility (categories 1, 2, and 3) must, prior to matriculation or enrollment, receive 2 doses of varicella vaccine 4 to 8 weeks apart or prove immunity to varicella-zoster virus via serology. Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immunocompromised patients, newborns, and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine-related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

f. **Tetanus-diphtheria-pertussis (DPT):**

1. All students should have completed a primary series of tetanus, diphtheria and pertussis immunization (DPT), received one dose of Tdap (tetanus-diphtheria-acellular pertussis) since age 19, and received a booster dose of Td (tetanus-diphtheria) every 10 years. **Students in clinical / practicum / field should receive Tdap (tetanus-diphtheria-acellular pertussis) booster instead of DPT.**

g. **COVID-19 Vaccination:**

1. All students are required to be fully vaccinated against COVID-19.
 - a. 1 dose of Jansen vaccine (J&J)
 - b. 2 doses of Moderna or Pfizer
 - c. 1 dose of Bivalent Vaccine
 - d. Religious or medical waiver is accepted by TU University

- h. **Influenza:** Students participating in any practicum experience must be immunized each year between August and no later than **October 15th** with the current influenza vaccine. **All students, including students who are not participating in practicum experiences, are encouraged to obtain annual influenza vaccinations in order to help prevent large-scale outbreaks on campus and to keep absenteeism due to influenza at a minimum.**

7. **Exemptions from requirements:** Other than the exceptions/exemptions listed below, this policy shall apply to every student matriculated or enrolled full-time or part-time in a Temple University College of Public Health and School of Social Work program, including joint and collaborative programs with other institutions, and to all visiting, exchange, and special- program students from other institutions.

- a. Students who have a documented history of a positive TB test or a documented history of previous or current adequate treatment for active TB disease, or a documented history of completion of adequate therapy for latent TB infection, may be exempt from any further PPD testing unless they develop signs or symptoms suggestive of TB.

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- b. The program director, following consultation with the appropriate Student Health Services director, may exempt from one or more of the requirements listed in sections 6.I a non-matriculated less-than-half-time student who will not have any in person courses, practicum activities or other activity with risk of exposure.
 - c. For visiting, exchange, and special program students from other institutions who are not matriculated or enrolled in a regular Temple University program, documentation from another educational or health-care institution of having met the requirements listed in section 6.I may be accepted by the program director in consultation with the appropriate Student Health Services director.
 - d. Students whose entire course of study is web-based who will never physically attend any classes on campus and have no in person practicum experience are exempt from all the above immunization requirements (category 5). To qualify, students must have no clinical activities, no risk of exposure to blood or potentially infectious body fluids, and no classroom or practicum component.
 - e. A student may be exempted from any required immunization if he/she has a medical contraindication for that immunization and if failure to receive this immunization does not prevent fulfillment of the essential functions and/or curricular requirements of the academic program. Conditions comprising valid medical contraindications to vaccine administration are those set forth by the Centers for Disease Control and Prevention. Such students must present such documentation to Student Health Services, from a medical provider licensed to practice medicine in the United States or a foreign country stating that a specific immunization is medically contraindicated, and giving the reasons for and duration of this contraindication. These written provider statements shall become part of the student's immunization record.
 - f. Non-clinical students more than 30 years old, whose program is classified as category 4, are not required to submit documentation for prior vaccination against or immunity to measles, mumps, rubella, or Hepatitis B. However, students are highly encouraged to keep up with all age-appropriate immunizations, including flu and tetanus, and may be removed from class or campus in cases of a measles, mumps, or rubella outbreak if their vaccination status is unknown.
8. **Record Keeping Requirements:** All student health records should be uploaded to the Student Health Services Patient Portal. The Patient Portal is the official medical record for Temple University Students.
- a. Acceptable documents serving as evidence of previous immunization and/or immunity will be determined by the Student Health Services directors and may include:
 - 1. An official school immunization record or copy thereof from any primary, secondary, undergraduate, graduate, health professions, or other school.

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2. A record from any public health department.
 3. A medical record or form summarizing a medical record and prior immunizations signed by a physician licensed to practice medicine in any jurisdiction of the United States or foreign country or other licensed health professional will be accepted as evidence.
 4. A report of serology from a licensed laboratory.
- b. For students who are participating in a practicum learning experience proof of completed health records should also be uploaded to EXXAT, the clinical practice management system, prior to the student's participation in a practicum experience.

EXHIBIT A: Summary of Student Immunization and Health Requirements

Requirement	Clinical Activities with risk of exposure to blood or potentially infectious body fluids.	Clinical Activities with NO risk of exposure to blood or potentially infectious body fluids.	No clinical activities but risk of exposure to blood or potentially infectious body fluids (ie in labs or research)	No clinical activities and no risk of exposure to blood or potentially infectious body fluids.	100% remote webbased program. No classroom or practicum experience affiliated with the program of study.
History and Physical Exam	Required	Required	Required	Required	NOT Required
Hepatitis-B	Proof of immunity quantitative titers required.	Vaccine or proof of immunity.	Proof of immunity quantitative titers required.	Proof of immunity quantitative titers required.	Recommended
Tuberculosis (TB) testing	Required	Required	Required	Required for students at high risk for TB	NOT Required
Measles, Mumps, Rubella -2doses of vaccine or serologic proof of immunity	Required	Required	Required	Required	Recommended
Influenza - annual dose of vaccine in the fall	Required	Required	Required	Required	Recommended
Varicella - 2 doses of vaccine or serologic proof of immunity	Required	Required	Required	Required	Recommended
Tetanus-diphtheria-pertussis- primary series plus Tdap booster	Required	Required	Required	Required	Recommended
COVID-19: fully vaccinated	Required	Required	Required	Required	Recommended

EXHIBIT B: CPH Pre-matriculation Requirements Letter (posted on SHS website)

EXHIBIT C: TU Student Physical Form

EXHIBIT D: TU HSC_PPD Screening Form

EXHIBIT E: Using the Temple University Student Health Services Portal Guide



Student Health Services
 1700 N. Broad Street, 4th Floor
 Philadelphia, PA 19121-6262

Phone: (215) 204-7500
 Fax: (215) 204-4660
 Web: <http://studenthealth.temple.edu>

Dear College of Public Health Student (ALL CPH Students),

Welcome to Temple University!

This letter provides information and instructions regarding the requirements for our CPH Students. Included with this letter is a **Physical Form**. Please take this form to your healthcare provider for careful review and completion as soon as possible.

A copy of your childhood immunizations, **in ENGLISH**, and any pertinent lab reports is required. Please note that **laboratory reports are required with quantitative** titer/antibody results. You are asked to provide the date of your last Tetanus/Diphtheria/Pertussis (TDaP) booster, which must have been given within the past 10 years. You are required to have a Tuberculosis Screening Test (PPD or IgRA). If you have a history of a positive PPD, please provide all relevant documentation, including a copy of your most recent IGRA blood test and/or chest X-Ray results. All these records should be uploaded to the **Patient Health Portal** on the Student Health Services website (<https://studenthealth.temple.edu>). Click the link below to access the portal:

<https://shs-portal.temple.edu/login.aspx>

NOTE: If your insurance will not cover the titer/antibody testing, or if you are unable to get a physical, you can have both done at SHS once you arrive on campus (please see our website for pricing information.)

Meeting these requirements is an important first step before you matriculate at Temple University to protect your health and the health of your patients. If you have any questions or concerns, please call Tanya Dixon, LPN at (215) 204-7500. **Please complete these forms fully, with appropriate documents attached, and upload them to the portal. Keep a copy for your records.**

Please upload these records (not this form) under the Patient Health Portal Upload section and use the **HSC & CPH Immunization, Titer And-Or Physical Record** option.

Requirement

Completed Pre-Matriculation Physical Form

Pre-Matriculation Tuberculosis Screen (PPD or IgRA)

Immunizations

COVID-19 Vaccine Primary series or 1 COVID-19 Bivalent dose

Measles, Mumps, Rubella, Varicella, Hepatitis B Vaccines

TDaP (within 10 years)

Titer Lab Reports with Quantitative Results for:

**Hepatitis B Antibody Titer

**Measles Antibody Titer

**Mumps Antibody Titer

**Rubella Antibody Titer

**Varicella Antibody Titer

****ALL TITER RESULTS MUST BE QUANTITATIVE; QUALITATIVE RESULTS WILL NOT BE ACCEPTED****



Student Health Services
 Student Faculty Center, Suite 322
 3340 North Broad Street
 Philadelphia, PA 19140

Phone: (215) 707-4088
 Fax: (215) 707-2708
 Web: <http://studenthealth.temple.edu>

PHYSICAL FORM

(CIRCLE NAME OF SCHOOL)

DENTAL COLLEGE OF PUBLIC HEALTH: _____
 (Name of Department)

MEDICINE PHARMACY PHYSICIAN ASSISTANT PODIATRY

NAME: _____
 LAST FIRST

TU ID#: _____

DOB: ____ / ____ / ____

TO THE EXAMINING HEALTHCARE PROVIDER: Please review the student’s health data and complete this form. The information supplied will be used as a background for providing any necessary health care, and for identifying any need for accommodation to facilitate the student’s academic success. This information will be handled in accordance with all applicable law.

Date of exam: _____ BP: R _____ L _____ PULSE: _____ HEIGHT: _____ WEIGHT: _____

	Normal	Abnormal	Remarks
General Health			
Skin			
Ears			
Eyes			
Neck (include thyroid exam)			
Lungs			
Heart			
Abdomen/hernia check			
Back			
Extremities			
Neurologic exam			

VISION: Uncorrected: OD _____ OS _____ Corrected: OD _____ OS _____

This Student is able to participate in all educational, physical and patient care activities: _____ Yes _____ No
 If No, please indicate what restrictions, accommodations, or modifications, if any, will be required for this student.

Medical Summary: Note problems or suggestions for care:

Health Care Provider (please print): Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **MD/DO/CRNP** **Date:** _____



Student Health Services
Student Faculty Center, Suite 322
3340 N. Broad Street
Philadelphia, PA 19140

phone: (215) 707-4088
fax: (215) 707- 2708
studenthealth.temple.edu

PPD Screening Form

Name: _____ TUID: _____

PPD Given: _____ Lot #: _____ Expiration: _____
(Date / Time)

Site: () L forearm () R forearm Manufacturer: Sanofi Pasteur

(Type or Print Name and Title) (Clinician Signature)

Please check one:
() Baseline () Follow Up () Annual () Exposure (Baseline) () Exposure (12 Week)

PPD MUST BE READ 48 – 72 HOURS AFTER PLACEMENT.

Document upload to Patient Health Portal:

https://studenthealth.temple.edu

Results: _____ Date / Time Read: _____
(MM only)

Read By: _____ (Print or Type Name and Title) (Clinician Signature)

USING THE TEMPLE UNIVERSITY STUDENT HEALTH SERVICES PORTAL

November 2023
EXHIBIT E

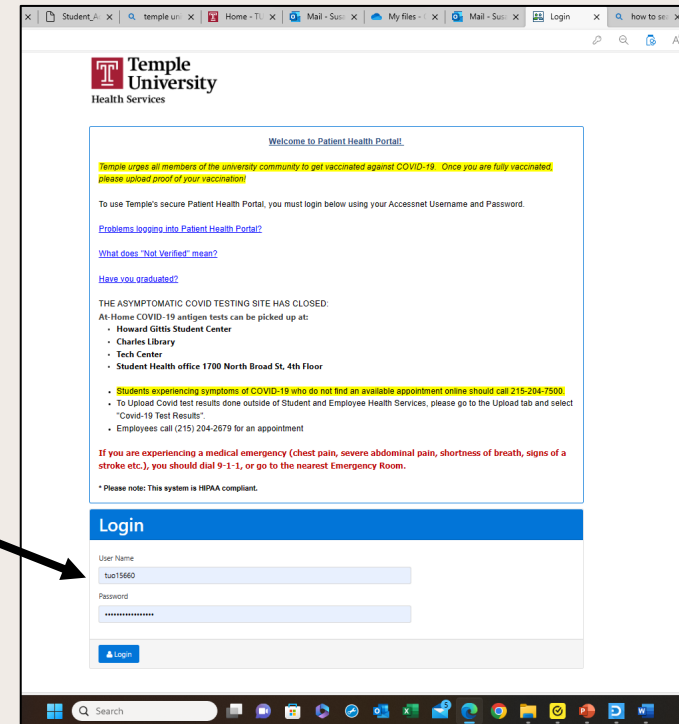


TEMPLE UNIVERSITY
College of Public Health

Logging into Temple University Student Health Services Portal

<https://shs-portal.temple.edu/login.aspx>

Log in with Access net user ID and Password



Loading Health Records

The screenshot shows the Temple University Health Services website at temple.edu/immunizationhistory.aspx. The page features a navigation menu with options like Home, Lab Results, Appts, Immunization, Insurance, Forms, Messages, Education, Statements, and Upload. Below the navigation, there is a section titled "The information listed below is the immunization information that Student Health Services has on file for you." This section includes instructions on how to enter immunization information and a "Submit" button. A dropdown menu is open, showing a list of immunization categories: Covid-19, Full Time Students, Meningitis, ALL HSC and CPH Students, Alternates (Older Vaccines), and Recommended. The "Covid-19" option is highlighted, and a callout box points to it with the text "COVID-19 vaccination tab". Another callout box points to the "Full Time Students" option with the text "Select full-time students tab". A third callout box points to the "ALL HSC and CPH Students" option with the text "All HSC & CPH Student tab". The status "Not Compliant" is visible above the dropdown menu.

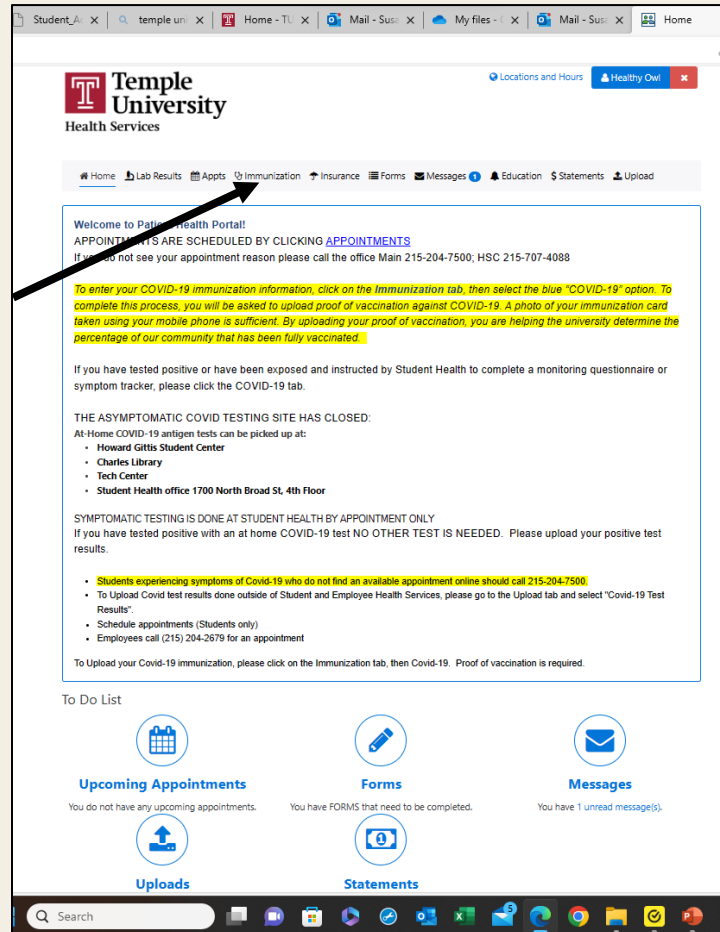
Select full-time students tab

All HSC & CPH Student tab

COVID-19 vaccination tab

Uploading Immunizations

Select Immunizations
from the tab at the top
of the screen



The screenshot shows the Temple University Health Services website. The navigation menu at the top includes Home, Lab Results, Appts, Immunization, Insurance, Forms, Messages, Education, Statements, and Upload. The Immunization tab is highlighted with a blue bar and a black arrow pointing to it from a red callout box on the left. Below the navigation menu, there is a welcome message and a section titled "To enter your COVID-19 immunization information, click on the Immunization tab, then select the blue 'COVID-19' option." This section contains instructions for uploading proof of vaccination and lists testing sites. At the bottom, there is a "To Do List" with icons for Upcoming Appointments, Forms, Messages, Uploads, and Statements.

Welcome to Patient Health Portal!
APPOINTMENTS ARE SCHEDULED BY CLICKING [APPOINTMENTS](#)
If you do not see your appointment reason please call the office Main 215-204-7500; HSC 215-707-4088

To enter your COVID-19 immunization information, click on the Immunization tab, then select the blue "COVID-19" option. To complete this process, you will be asked to upload proof of vaccination against COVID-19. A photo of your immunization card taken using your mobile phone is sufficient. By uploading your proof of vaccination, you are helping the university determine the percentage of our community that has been fully vaccinated.

If you have tested positive or have been exposed and instructed by Student Health to complete a monitoring questionnaire or symptom tracker, please click the COVID-19 tab.

THE ASYMPTOMATIC COVID TESTING SITE HAS CLOSED:
At-Home COVID-19 antigen tests can be picked up at:

- Howard Gitts Student Center
- Charles Library
- Tech Center
- Student Health office 1700 North Broad St, 4th Floor

SYMPTOMATIC TESTING IS DONE AT STUDENT HEALTH BY APPOINTMENT ONLY
If you have tested positive with an at home COVID-19 test NO OTHER TEST IS NEEDED. Please upload your positive test results.

- Students experiencing symptoms of Covid-19 who do not find an available appointment online should call 215-204-7500
- To Upload Covid test results done outside of Student and Employee Health Services, please go to the Upload tab and select "Covid-19 Test Results".
- Schedule appointments (Students only)
- Employees call (215) 204-2679 for an appointment

To Upload your Covid-19 immunization, please click on the Immunization tab, then Covid-19. Proof of vaccination is required.

To Do List

- Upcoming Appointments**
You do not have any upcoming appointments.
- Forms**
You have FORMS that need to be completed.
- Messages**
You have 1 unread message(s).
- Uploads**
- Statements**

Full-Time Student Tab

Select full-time students

temple.edu/immunizationhistory.aspx

Temple University Health Services

Home Lab Results Appts Immunization Insurance Forms Messages Education Statements Upload

The information listed below is the immunization information that Student Health Services has on file for you.

Entering immunization information online is a 2-step process. You must complete information on this page and then [upload your Immunization Record](#), so that the information can be verified. You will not be considered compliant with the immunization requirements until you have completed the second step.

If you wish to waive any or all immunizations, please click on the Forms icon and complete the Waiver Form for Immunizations.

To view your immunization record, please hit the Green Print button.

Print Not Compliant

Covid-19

Full Time Students

Meningitis

ALL HSC and CPH Students Incomplete

Alternates (Older Vaccines)

Recommended

Enter one or all immunizations and then click the Submit button once.

Submit

The information listed below is the immunization information that Student Health Services has on file for you.

Entering immunization information online is a **2-step process**. You must complete information on this page and then **upload your Immunization Record**, so that the information can be verified. You will not be considered compliant with the immunization requirements until you have completed the second step.

After you have inputted immunization dates and uploaded your immunization record, please hit the Green Print button to see a summary of your immunizations.

- Summary will note documents are pending review
- Once documents are reviewed and verified as complete by SHS you will see **Compliant** noted next to each immunization.
- ******If you do not upload titers for MMR, Varicella and Hepatitis B or source documents for immunizations your records will not be verified as compliant.**

Update Immunization Date In Full Time Student Tab

The screenshot shows a web browser window with the URL 'history.aspx'. The page has a blue header with 'Covid-19' and 'Full Time Students' tabs. A 'Submit' button is visible in the top right. The main content area contains three sections:

- MMR Vaccine - 2 Doses After 1st Birthday**: Includes instructions and two date input fields labeled 'Dose 1' and 'Dose 2'.
- Tetanus/Diphtheria/Pertussis (TDaP)**: Includes instructions and one date input field.
- Varicella Vaccine-2 Doses**: Includes instructions and two date input fields labeled 'Dose 1' and 'Dose 2'.

At the bottom, there is a 'Submit' button and a navigation menu with 'Meningitis', 'ALL HSC and CPH Students' (marked 'Incomplete'), and 'Alternates (Older Vaccines)'.

MMR Vaccine - 2 Doses After 1st Birthday

If You Received The Individual Components (Measle, Mumps, And/or Rubella) Of This Vaccination, Please Enter The Dates Under The Alternates Section Below. **HSC & CPH Students Must Also UPLOAD To the Upload tab The Positive Titer Lab Report.**

Tetanus/Diphtheria/Pertussis (TDaP)

All Newly Enrolled Or Re-enrolled Students Should Have Received TDaP Within 10 Years Or TDaP Older Than 10 Years And Diphtheria Tetanus (DT) Within 10 Years. **HSC & CPH Students Must Also UPLOAD To the Upload tab Proof of Immunization**

Varicella Vaccine-2 Doses

HSC & CPH Students In Addition To Entering The Dates Here You Will Need To Upload A Copy Of Your Positive Quantitative Titer On The UPLOAD Tab Of This Patient Portal.

All HSC & CPH Students

Select All HSC & CPH Students

The screenshot shows the Temple University Health Services website. The page title is "Temple University Health Services" and the URL is "temple.edu/immunizationhistory.aspx". The page contains a navigation menu with links for Home, Lab Results, Appts, Immunization, Insurance, Forms, Messages, Education, Statements, and Upload. Below the navigation menu, there is a section titled "The information listed below is the immunization information that Student Health Services has on file for you." This section includes instructions on how to enter immunization information online and how to view the record. A "Print" button is visible, and a "Not Compliant" status is shown. A dropdown menu is open for "ALL HSC and CPH Students", showing options for "Full Time Students", "Meningitis", "ALL HSC and CPH Students", "Alternates (Older Vaccines)", and "Recommended". A "Submit" button is also present.

Update Immunization Date All HSC and CPH Student Tab

The screenshot shows a web browser window with a patient portal. The page title is 'ALL HSC and CPH Students' and it has an 'Incomplete' status. Under 'Missing Requirements', there are three sections: 'Hepatitis B Vaccine - 3 Doses' with three date input fields (Dose 1, 2, 3) and a 'Result' dropdown; 'Influenza Vaccine (annually)' with one date input field and a 'Result' dropdown; and 'Tuberculosis Screening' with one date input field and a 'Result' dropdown. A 'Submit' button is at the bottom of the form. Below the form is a section for 'Alternates (Older Vaccines)'. The browser's taskbar is visible at the bottom.

Hepatitis B Vaccine - 3 Doses

3 Doses Of Vaccine Required. In Addition To Entering The Dates Here You Will Need To Upload A Copy Of Your Positive QUANTITATIVE Titer On The UPLOAD Tab Of This Patient Portal.

Influenza Vaccine (annually)

The Influenza (flu) Vaccine is Mandatory for all CPH And HSC Students. HSC & CPH Students Must Also UPLOAD To the Upload tab Proof of Immunization.

Tuberculosis Screening

Tuberculosis Screening Is Required Annually For All HSC and CPH Students. IGRA tests are acceptable, but must be uploaded. Source documents must be uploaded to the Upload tab.

Upload Proof of COVID-19 Vaccination

COVID-19 Tab

The screenshot shows the Temple University Health Services website. The page title is "Temple University Health Services". The navigation menu includes: Home, Lab Results, Appts, Immunization, Insurance, Forms, Messages, Education, Statements, and Upload. The main content area contains the following text:

The information listed below is the immunization information that Student Health Services has on file for you.
Entering immunization information online is a 2 step process. You must complete information on this page and then [upload your Immunization Record](#), so that the information can be verified. You will not be considered compliant with the immunization requirements until you have completed the second step.
If you wish to waive any or all immunizations, please click on the Forms icon and complete the Waiver Form for Immunizations.
To view your immunization record, please hit the Green Print button.

Print Not Compliant

Covid-19

Full Time Students

Meningitis

ALL HSC and CPH Students Incomplete

Alternates (Older Vaccines)

Recommended

Enter one or all immunizations and then click the Submit button once.

Submit

Uploading Source Documents and Physical Form

Select the Upload Tab

Student_A | temple un | Home - TU | Mail - Sus | My files - | Mail - Sus | Home

Temple University Health Services

Home Lab Results Appts Immunization Insurance Forms Messages Education Statements **Upload**

Welcome to Patient Health Portal!
APPOINTMENTS ARE SCHEDULED BY CLICKING [APPOINTMENTS](#)
If you do not see your appointment reason please call the office at 215-204-7500; HSC 215-707-4088

To enter your COVID-19 immunization information, click on the Immunization tab, then select the blue "COVID-19" option. To complete this process, you are required to upload proof of vaccination against COVID-19. A photo of your immunization card taken using your smartphone is sufficient. By uploading your proof of vaccination, you are helping the university determine the percentage of your community that has been fully vaccinated.

If you have tested positive or have been exposed and instructed by Student Health to complete a monitoring questionnaire or symptom tracker, please click the COVID-19 tab.

THE ASYMPTOMATIC COVID TESTING SITE HAS CLOSED:
At-Home COVID-19 antigen tests can be picked up at:
• Howard Gitts Student Center
• Charles Library
• Tech Center
• Student Health office 1700 North Broad St, 4th Floor

SYMPTOMATIC TESTING IS DONE AT STUDENT HEALTH BY APPOINTMENT ONLY
If you have tested positive with an at home COVID-19 test NO OTHER TEST IS NEEDED. Please upload your positive test results.

- Students experiencing symptoms of Covid-19 who do not find an available appointment online should call 215-204-7500
- To Upload Covid test results done outside of Student and Employee Health Services, please go to the Upload tab and select "Covid-19 Test Results".
- Schedule appointments (Students only)
- Employees call (215) 204-2679 for an appointment

To Upload your Covid-19 immunization, please click on the Immunization tab, then Covid-19. Proof of vaccination is required.

To Do List

- Upcoming Appointments**
You do not have any upcoming appointments.
- Forms**
You have FORMS that need to be completed.
- Messages**
You have 1 unread message(s).
- Uploads**
- Statements**

Search

Uploading Source Documents and Physical Exam Form

Select NAME of Document to be Uploaded

Select File to be Uploaded

Temple University Health Services

Instructions: Be sure to select the appropriate option under Choose document you are uploading. Once you click on the drop down arrow, your choices will appear.

- PLEASE MAKE SURE YOUR NAME AND DATE OF BIRTH ARE ON ALL SUPPORTING DOCUMENTATION!
- Only Images (.gif, .png, .tiff, .tif, .jpg, .jpeg) and Documents (.txt, .pdf) are allowed! Please note: iPhone file format .HEIC is not supported!
- Browse to your file. It must be smaller than 30 MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.
- Select a file and an Upload button will appear...Click Upload.
- If you are using a cell phone, you will have the option to use your camera to take a picture of your document.
- Errors can usually be resolved by simplifying the file name (ie. MyNameDoc.pdf or mynamedoc2.jpg with no special characters). The file should be local to your device.

Problems Unloading your document?

Documents available to be uploaded:

- COVID-19 Test NEGATIVE Result
- COVID-19 Test POSITIVE Result
- COVID-19 Vaccine Record
- COVID-19 Waiver- Medical Reason
- HSC & CPH Immunization, Titer And-Or Physical Record
- ZzDD NOT USE

Choose document you are uploading:

COVID-19 Vaccine Record

You may upload your Covid-19 Vaccination record here.

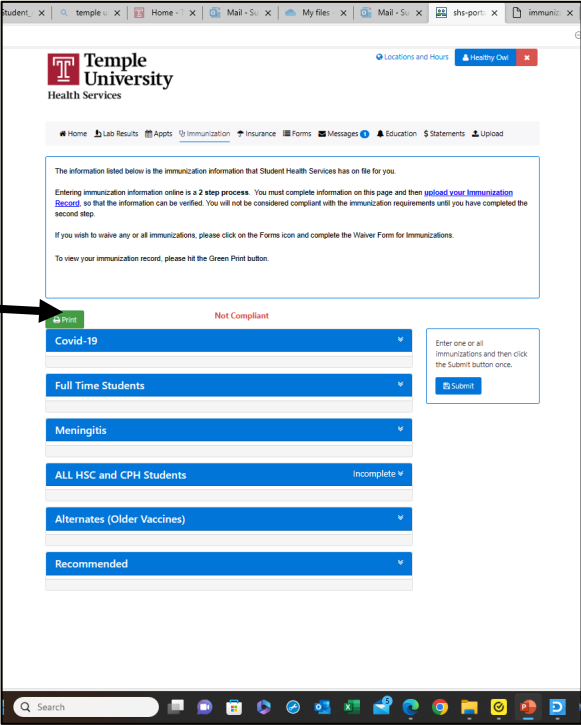
Select File

Documents already on file

Documents available to be uploaded:
COVID-19 Test NEGATIVE Result
COVID-19 Test POSITIVE Result
COVID-19 Vaccine Record
COVID-19 Waiver- Medical Reason
HSC & CPH Immunization, Titer And-Or
Physical Record

Summary Health Record

To receive a copy of
your Health Record
Summary
Click Print



Understanding Your Health Summary

Temple University Student Health Services @Main
1700 N. Broad Street, 4th Floor
Philadelphia, PA 19121
(215) 204-7500

Immunization Record
Owl, Healthy
1700 N. Broad Street, 4th Floor Philadelphia, PA 19121

Other ID: 888002426 Date of Birth: 08/24/1964 Status: Not Compliant
Gender: Not Available Date Printed: 12/08/2023 School: COLLEGE OF PUBLIC H Standing:

CPT Code	Description	Verified	Immunization Date	Validation Results	Result Date	Waiver	Expiration Date
Copies of Records Received							
90739	Hepatitis B Vaccine (HepB), Adult Dosage, 2 Dose Schedule, For Intramuscular Use	Yes	01/01/2023				
90739	Hepatitis B Vaccine (HepB), Adult Dosage, 2 Dose Schedule, For Intramuscular Use	Yes	05/01/2023				



Understand your Health Summary

- You will see your demographic information: Name, DoB, TUID, Gender, School and Status
- If your record is complete and has been verified by SHS, STATUS will be noted as **COMPLIANT**. If records are not complete or not verified STATUS will be noted as **NOT COMPLIANT**.

Understanding Your Health Summary

CPT Code	Description	Verified	Immunization Date	Validation Results	Result Date	Waiver	Expiration Date
Copies of Records Received							
90739	Hepatitis B Vaccine (HepB), Adult Dosage, 2 Dose Schedule, For Intramuscular Use	Yes	01/01/2023	Quantitative titers were not uploaded to the portal			
90739	Hepatitis B Vaccine (HepB), Adult Dosage, 2 Dose Schedule, For Intramuscular Use	Yes	05/01/2023				

Understand your Health Summary

- If information is uploaded correctly and verified you will see YES under the verified Header.
- If information is not uploaded or inputted incorrectly you will see NO under the verified header. You will also see a note listed next to the date indicating the reason items are not verified.