



PRESBYTERIAN COLLEGE
SCHOOL *of* PHARMACY

Memo

To: Incoming P1 Students **Date:** March 1, 2025
From: Susi Carbonneau, Director of Experiential Education Operations
Subject: Pre-Matriculation Immunizations

Greetings new P1 students!

Attached, please find the following regarding immunization requirements:

- **2025-2026 Immunization Requirements:** This document lists the requirements, explains what documentation is needed to satisfy the requirements, and what you should do if you do not already meet the requirements.
- **Requirements Decision Tree:** Understanding some of the requirements can be complicated because of the deadlines. So, I created this decision tree as a visual aid in understanding the actions you may need to take. This is not a completely comprehensive decision tree, but it should get you started. If you have questions as you venture down each branch, feel free to let me know.
- **TB Clinical Assessment by Healthcare Provider:** This form can be used in one of three ways:
 - To document a 1- or 2-step tuberculin skin test (TST or often referred to as “PPD”): We will also accept a letter from your HCP or your HCP’s form. Proper documentation must include both the day of placement and the day the test is read. If both dates are not provided, the documentation will not be accepted.
 - To document a TB assessment and chest x-ray results: If your situation (i.e., previous positive PPD or positive one now) requires you to have a chest x-ray, you also need to have a TB assessment.
 - To document the IGRA lab test: The IGRA is only indicated if you had the BCG vaccine as a child. Sometimes when students go to their doctor to have blood drawn for the varicella and hepatitis-B titers, they also have their blood tested for IGRA because it’s easier and more convenient than having to make 4 trips to the office for a 2-step PPD. Unfortunately, this is problematic at the end of your P1 year when it is time for our annual TB screening. Therefore, if you did NOT have the BCG vaccine as a child, we ask that you NOT get the IGRA now for TB screening.

Please submit all available documents to me by **July 15, 2025**. Please do not fax your documents to me (our fax machine is temperamental!) or email your information to me. Instead, you may hand deliver your information if you are in the area or mail it to me. If you are running late, please don’t waste money using an overnight delivery service. Simple email me to let me know and try to get your envelope postmarked by July 15. Once I receive your documentation, I will let you know what remains to be done and provide an estimated timeline for completing any vaccines (some take 6 months!).

I’m ready to answer any questions you may have so please email me at scarbo@presby.edu as needed.

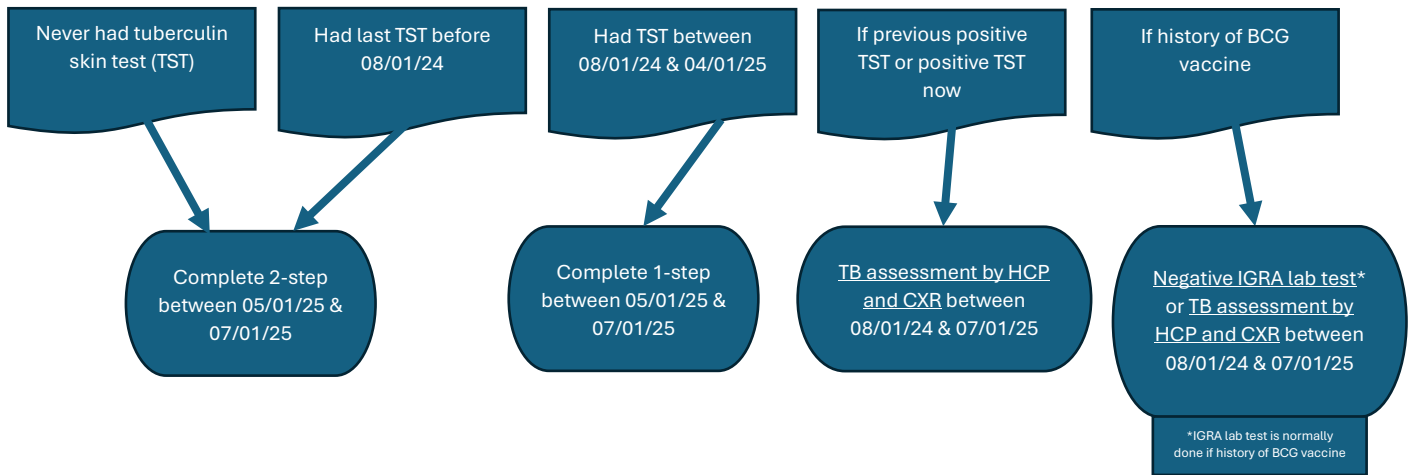
2025-2026 Immunization Requirements

Requirement	How Do I Meet the Requirement?	What If I Don't Meet the Requirement?
Measles, Mumps, Rubella (MMR) (2 doses or positive titer)	<p>Submit documentation of the 2-dose series or documentation of <u>positive</u> titers</p> <p><i>History of disease is not acceptable proof of immunity.</i></p>	<p>Two-dose vaccine series never completed: Start the 2-dose series by July 1, 2025.</p> <p>Series completed but documentation is not available: Titer may be drawn; however, if titer is negative, 2-dose series must be started by July 1, 2025.</p>
Varicella/Chickenpox (positive titer)	<p>Requirement met with <u>positive</u> titer</p> <p><i>History of disease is not acceptable proof of immunity</i></p> <p><i>The specific lab test to have is the varicella (VZV) IgG.</i></p>	<p>Two-dose series completed previously but titer never drawn: Titer should be drawn by June 15, 2025. If titer is negative, you must repeat the 2-dose series with the first vaccine given before July 1, 2024, with the second vaccine administered at least 30 days later. Then another titer should be drawn 4-6 weeks later.</p> <p>Two-dose series never completed: Start the 2-dose series by July 1, 2025. When the series has been completed, titer should be drawn 4-6 weeks later.</p>
Hepatitis B (positive titer)	<p>Requirement met with <u>positive</u> titer</p> <p><i>For 2-dose series, Heplisav-B vaccine is accepted.</i></p> <p><i>For 3-dose series, Engerix-B, Recombivax HB, or Twinrix vaccines are accepted.</i></p> <p><i>The specific lab test to have is the hepatitis-b surface antibody (anti-HBs)</i></p>	<p>Two- or three-dose series completed previously but titer never drawn: Titer should be drawn by June 15, 2025. If titer is negative, you must restart the series before July 1, 2025. The schedule will vary depending upon which vaccine you receive. Hep-B is available in both 2-dose and 3-dose vaccines.</p> <p>Two- or three-dose series never completed: Start the series by July 1, 2025. When the series has been completed, titer should be drawn 4-6 weeks later. If titer is negative, student must continue with CDC-recommended protocol of additional vaccines/titers.</p>
Tuberculosis (TB) (2-step TST, negative IGRA, or negative assessment/CXR)	<p>Requirement met with 2-step tuberculin skin test (TST), negative IGRA, or assessment by your healthcare provide with a negative chest x-ray.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> • 2-step TST requires 4 visits: 1 to place and 1 to read for each step; the 2nd step should be administered 1-3 weeks after the 1st step. • Interferon-gamma release assay (IGRA) is a blood test to determine TB infection; we accept the <i>QuantiFERON-TB Gold In-Tube (QFT-GIT)</i> test. • Students who received the BCG vaccine as a child should consider the <i>QFT</i> blood test. • If a student's TST or QFT test is positive, a TB assessment and negative chest x-ray will be required at the time of matriculation and annually thereafter. 	<p>No previous TST or last test before August 1, 2024: 2-step TST between May 1-July 1, 2025.</p> <p>TST between August 1, 2024-April 1, 2025: 1-step TST between May 1-July 1, 2025.</p> <p>Previous positive TST or positive result now: TB assessment completed by healthcare provider and chest x-ray between August 1, 2024, and July 1, 2025.</p> <p>History of BCG vaccine: negative IGRA or TB assessment and negative chest x-ray between August 1, 2024, and July 1, 2025.</p> <p><i>NOTE: Students who did not receive the BCG vaccine as a child and who have not previously had a positive TST should NOT get the QFT lab test in lieu of the 2-step skin test because it is more convenient. These students should get the 2-step TST.</i></p>
Tetanus, Diphtheria, and Pertussis (Tdap) or Tetanus (Td)	<p>Requirement met with Tdap/Td received after July 2019</p> <p><i>Tdap/Td provides protection for 10 years. Your vaccine should not expire before your planned graduation date.</i></p>	<p>Tdap/Td received before July 2019: Tetanus (Td) booster before July 1, 2025.</p>
COVID-19	<p>Requirement met if fully vaccinated</p> <p><i>At this time, booster vaccines are not required; however, if you have had the booster, please provide documentation.</i></p>	<p>Vaccine in progress or pending: All doses completed by July 1, 2025.</p> <p>Religious exemption: Contact Mrs. Carbonneau for information about submitting a request for religious exemption.</p> <p>Medical exemption: A letter from your healthcare provider describing the reason for your request for medical exemption is required.</p>

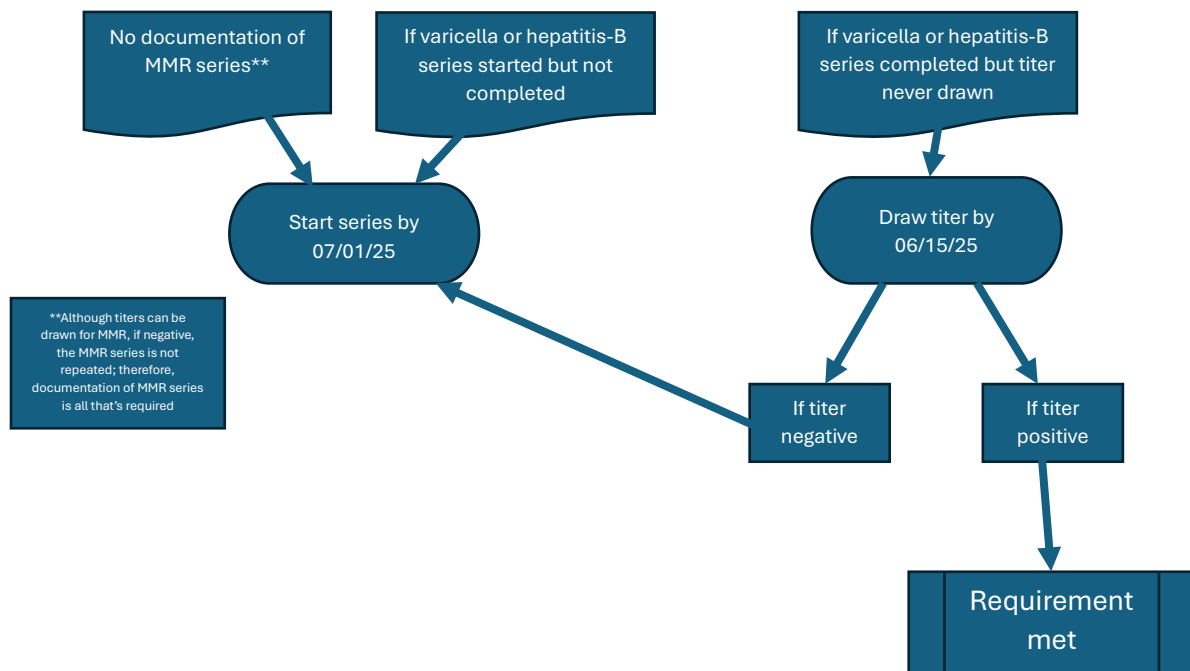
All documentation must be mailed (or hand delivered) to the PCSP Office of Experiential Education, 307 North Broad Street, Clinton, SC 29325, by July 15, 2025.

If you have any questions about your immunizations, the requirements, or proper documentation, contact Mrs. Susi Carbonneau in the PCSP Office of Experiential Education at scarbo@presby.edu, 864-938-3902

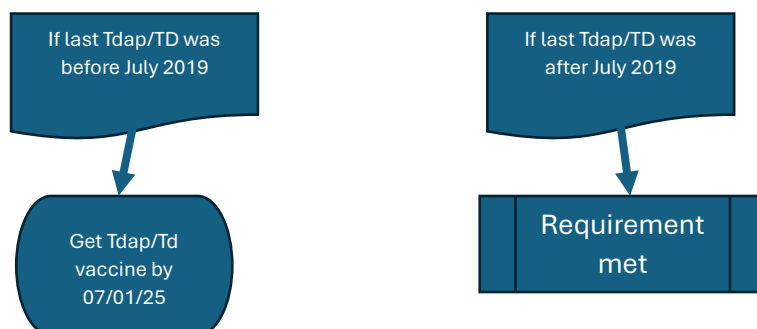
Tuberculosis Screening



MMR, Varicella, and Hepatitis-B Vaccines/Screening



Tetanus, Diphtheria, & Pertussis (Tdap) or Tetanus (Td) Vaccine





PRESBYTERIAN COLLEGE
SCHOOL of PHARMACY

TB Clinical Assessment by Healthcare Provider

Student Name: _____ DOB _____ Last 4 SSN _____

1. Patient History:

- History of a positive TB skin test? Yes No
- History of BCG vaccination? Yes No *(If yes, please consider IGRA instead of TST or CXR)*

2. TB Symptom Check:

- Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes No
- If yes, indicate signs and symptoms below:

<input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production	<input type="checkbox"/> Unexplained weight loss
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Increased fatigue
<input type="checkbox"/> Coughing up blood (hemoptysis)	<input type="checkbox"/> Night sweats
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Fever
<input type="checkbox"/> Loss of appetite	

3. Method of Testing:

a. Mantoux Tuberculin Skin Test (TST)

TST result should be recorded as millimeters of induration, transverse diameter; if no induration, write "0."

1st-step PPD/Date Given: _____ Date Read: _____ Result: _____ mm induration

Interpretation: Positive Negative

2nd-step PPD/Date Given: _____ Date Read: _____ Result: _____ mm induration

Interpretation: Positive Negative

*Please note that IAW CDC guidelines, the 2nd PPD should be administered at least 1-3 weeks after the 1st.
We cannot accept a 2nd step placed within 1 week of the 1st step.*

b. Interferon Gamma Release Assay (IGRA)

IGRA should be considered for students with history of BCG vaccination instead of TST or CXR; if appropriate, it is required before matriculation and annually thereafter while in school. We accept the QuantiFERON-TB Gold test

Date Obtained: _____ Method: QFT-GIT

Result: Positive Negative Indeterminate

Please provide a copy of the laboratory report.

c. Chest X-Ray

A chest x-ray is required before matriculation for students with a positive TB skin test or IGRA blood test and annually thereafter while in school. *(Please note an annual CXR is still required by some of our clinical sites; thus, we too must require it.)*

Date of chest x-ray: _____ Result: Normal Abnormal

Please provide a copy of the radiology report.

4. Treatment:

Recommendation for follow-up: None Repeat annually Treatment for latent TB infection

Other recommendation: _____

5. Certification by Healthcare Professional:

Name _____ Title/Credentials _____

Address _____ Phone _____

Signature

Date

*This form—along with a copy of any testing performed (CXR, labwork, etc.)—must be sent to the
PCSP Office of Experiential Education, 307 North Broad Street, Clinton, SC 29325 by July 15, 2025.*