University of Western States students must meet the vaccination and screening requirements for their academic program. This policy outlines the vaccination and screening requirements for each academic program, the acceptable ways that a student can meet each requirement, and the date by which students must meet the requirements.

The following requirements apply to participation in the academic program. Some clinical opportunities in health care facilities may have additional vaccination and/or screening requirements.

For the purposes of this policy, a qualified medical professional is defined as a medical doctor (MD), doctor of osteopathy (DO), naturopathic doctor (ND), nurse practitioner (NP), physician's assistant (PA), or a registered nurse (RN) working under the direction of an MD, DO, ND, or NP. A qualified medical professional may not be related to the student or a naturopathic medicine faculty member or naturopathic clinician at UWS.

Doctor of Chiropractic Student Requirements
Students in the doctor of chiropractic program must comply with state law requiring full-time, on-campus students to satisfy the Oregon measles vaccination requirement via one of the following methods:

Vaccine	Method of Meeting Requirement	Documentation Required
Measles	Dates of two doses of vaccine received at least one month apart	No
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
	Certificate of completion of Oregon Health Authority vaccine education module	Yes
	Oregon Health Authority college vaccine education certificate signed by a qualified health care provider	Yes
	Exempt due to age (born before Jan 1, 1957)	No

Students are required to submit a DC Student Immunization form and associated documentation (if required) via the Student Gateway by the end of their first term of enrollment. Failure to satisfy vaccine requirements results in a registration hold of the student's account, preventing future course registration.

Doctor of Naturopathic Medicine Requirements
Students in the doctor of naturopathic medicine program are required by the state of Oregon to meet specific vaccination and screening requirements via one of the accepted methods, as indicated below:

Vaccine / Screening	Method of Meeting Requirement	Documentation Required
Hepatitis B Vaccination	Dates of three doses of vaccine; 1st and 2nd dose at least four weeks apart; 2nd and 3rd dose at least 5 months apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Measles Vaccination	Dates of two doses of vaccine received at least one month apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Mumps Vaccination	Dates of two doses of vaccine received at least one month apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Rubella Vaccination	Date of one dose of vaccine	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Tetanus Vaccination	Date of one dose of vaccine or booster received within the last 10 years	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes

Vaccine / Screening	Method of Meeting Requirement	Documentation Required
Diphtheria Vaccination	Date of one dose of vaccine	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Pertussis Vaccination	Date of one dose of vaccine	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Varicella Vaccination	Dates of two doses of vaccine received 4-8 weeks apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Tuberculosis Screening	Two-step skin testing, known as Mantoux or PPD test	Yes
	Quantitative blood tests, QuantiFERON Gold or T-Spot	Yes

Students must demonstrate evidence of receiving vaccination, show evidence of immunity, or provide a legal exemption. Students are required to satisfy the vaccination requirements or provide a legal exemption by the end of their first term of enrollment. Failure to satisfy vaccine requirements by the end of the first term of enrollment may result in a registration hold of the student's account, preventing future course registration.

Students are required to complete the tuberculosis screening in the two (2) months immediately prior to starting clinical rotations. Failure to complete this requirement results in loss of participation in clinical rotations, until such time as the requirement is met.

Doctor of Occupational Therapy Requirements
Students in the doctor of occupational therapy program are required to meet specific vaccination and screening requirements via one of the accepted methods, as indicated below:

Vaccine / Screening	Method of Meeting Requirement	Documentation Required
Hepatitis B Vaccination	Titer blood test demonstrating immunity to disease	Yes
	Completed Vaccine Declination Form indicating a nonmedical exemption	Yes
Measles Vaccination	Dates of two doses of vaccine received at least one month apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Mumps Vaccination	Dates of two doses of vaccine received at least one month apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Rubella Vaccination	Date of one dose of vaccine Note: if two doses of vaccine have been received via a combined MMR vaccine, use the date of the second dose	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Tetanus Vaccination	Date of one dose of vaccine or booster received within the last 10 years	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes

Vaccine / Screening	Method of Meeting Requirement	Documentation Required
Diphtheria Vaccination	Date of one dose of vaccine	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Pertussis Vaccination	Date of one doses of vaccine	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
Varicella Vaccination	Dates of two doses of vaccine received 4-8 weeks apart	Yes
	Titer blood test demonstrating immunity to disease	Yes
	Previous diagnosis of disease, including date of diagnosis, signed by a qualified medical professional	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
COVID-19 Vaccination	Date of two doses of an mRNA vaccine received at least 4 weeks apart	Yes
	Date of one dose of the Johnson & Johnson vaccine	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes
	Completed Vaccine Declination Form indicating a nonmedical exemption	Yes
Influenza Vaccination	Date of one dose of vaccine or booster received within the last year – must be completed annually	Yes
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if appliable) signed by a qualified medical professional	Yes

Vaccine / Screening	Method of Meeting Requirement	Documentation Required
Tuberculosis Screening	Two-step skin testing, known as Mantoux or PPD test – must be completed annually; one-step annual renewals are acceptable, following an initial two-step test	Yes
	Quantitative blood tests, QuantiFERON Gold or T-Spot	Yes
Physical Exam Screening	Completed OT program Health History and Record form by a qualified medical professional	Yes

Students are required to submit an OT Student Immunization and Screening form and associated documentation via the Student Gateway by the first day of enrollment. Failure to satisfy vaccine requirements by the first day of enrollment may result in being prohibited from attending in-person labs or fieldwork and/or a registration hold of the student's account, preventing future course registration.

References

Oregon Health Authority Immunization Requirements for Colleges
Oregon Health Authority Health Profession Student Clinical Training Standards
Center for Disease Control Guidelines for Recommended Vaccinations for Health Care Professionals

Related Policies: Policy 1003 Accident/Injury/Incident Response
Policy 1014 Needlestick/Blood Exposure and Procedure
Policy 1020 Hazardous Materials Handling and Communication

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