Orlando College of Osteopathic Medicine

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Policy Title: Health and Vaccination Requirements

Purpose and Procedure Statement:

This policy provides a timeframe for reviewing and implementing protocols and practices related to vaccination requirements for students in the Doctor of Osteopathic Medicine Program of the Orlando College of Osteopathic Medicine (OCOM).

Regulatory and legislative authorities require students to demonstrate vaccination, immunity, and/or protection from multiple contagious diseases before being allowed to participate in clinical experiences. OCOM requires students to meet all vaccination requirements prior to matriculation and maintain compliance with these requirements through graduation. Descriptions of OCOM vaccination requirements specifically addressing Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and testing for Tuberculosis are presented below.

Required laboratory evaluations and vaccinations are subject to review and modification based on recommendations from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the United States Preventive Services Task Force (USPTF), and other public health agencies. Students will be notified of any changes and will be required to comply with any mandated changes upon receipt of notice from OCOM.

Process

All incoming and current students must log all vaccination requirements on the standard AAMC Standard Immunization Form, available at:
https://www.aamc.org/media/23441/download

This form must be completed in its entirety and signed by a physician or qualified healthcare provider verifying the required information. In addition, students are required to submit supporting documentation such as vaccination records and titers.

Important Notes Regarding Vaccination Requirements

Completion and verification of all vaccine requirements is required by July 1. Entering MS-1 (first year) students who have not completed all OCOM vaccination requirements by July 1 prior to matriculation will have their offer of admission rescinded and will forfeit their seat in the class.

Accepting an offer of admission to OCOM will require the incoming student to adhere to any mandates imposed by OCOM at a later date; acceptance of the offer of admission is an indirect affirmation the incoming student both understands this point and accepts this as a condition of acceptance.
All students wishing to participate in patient care activities sponsored or affiliated with OCOM must maintain full vaccination per this policy. Any incoming student needs to weigh these facts when considering acceptance of an offer of admission to OCOM.

Health and Vaccination Requirements

Accepting an offer of admission to OCOM will require the incoming student to adhere to any mandates imposed by OCOM at a later date; acceptance of the offer of admission is an indirect affirmation the incoming student both understands this point and accepts this as a condition of acceptance.

Verification that all vaccination requirements are fully met or in progress is required by July 1. Accepted students who have not verified vaccination requirements are fully met or in progress by July 1 prior to matriculation may have their offer of admission rescinded. Students who have their offer of admission rescinded will forfeit their seats in the class.

All vaccination requirements that are in-progress at the time of matriculation must be completed according to the recommended schedule.

All deposited OCOM students are required to submit the following to the Office of Student Services:

- Completed medical history form
- Proof of all OCOM vaccination requirements either met or in progress by July 1
- Completed controlled substance screen (described below)
- Completed physical examination conducted by a licensed physician
- Proof of health insurance

Students must obtain all OCOM-required vaccinations and corresponding titers prior to matriculation and remain compliant with all vaccination requirements through graduation in order to complete all required supervised clinical practice experiences in the OCOM curriculum.

Regulatory and legislative authorities require students to demonstrate vaccination, immunity, and/or protection from multiple contagious diseases before being allowed to participate in clinical experiences. OCOM requires students to meet all vaccination requirements prior to matriculation and maintain compliance with these requirements through graduation. Descriptions of OCOM vaccination requirements specifically addressing Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, and testing for Tuberculosis are presented below.

All incoming and current students must log all vaccination requirements on the standard AAMC Standard Immunization Form, available at: https://www.aamc.org/career-development/affinity-groups/gsa/cosr/immunization-form

This form must be completed in its entirety and signed by a physician or qualified healthcare provider verifying the required information. In addition, students are required to submit supporting documentation including vaccination records and titers.

Important Notes Regarding Vaccination Requirements

- Students must maintain full compliance with the requirements of OCOM's vaccination policy in order to participate in any patient care activities sponsored by, or affiliated with, OCOM. Any incoming student needs to weigh these facts in considering acceptance of an offer of admission to OCOM.
- Clinical experiences are part of the core curriculum to obtain the Doctor of Osteopathic Medicine (DO) degree, and therefore, *OCOM does not waive vaccination or student health requirements for religious or personal preferences.*
- If a student does not receive a clinical rotation placement as a result of an external clinical site's refusal to allow placement of a student who has not obtained all required vaccinations, the student will not be entitled to a refund of tuition or other relief from OCOM.
- Students will not be allowed to participate in any classroom activities, laboratory activities, small-group activities, or patient care activities, including, but not limited to, early clinical experiences, activities with standardized patients, health outreach events, and clinical rotations, until all vaccination requirements have been met.
- Inability to participate in required clinical experiences due to noncompliance with OCOM vaccination policies may result in unexcused absences leading to failure of a course, Student Progress and Professionalism Committee hearing, Academic Probation, Suspension, delay in graduation, or even Dismissal from the program.
- Non-compliance with OCOM Vaccination Requirements will result in referral to the Student Progress and Professionalism Committee with sanctions up to and including dismissal from the program.

Vaccination Requirements

All students must provide written documentation utilizing the AAMC Standardized Immunization Form: https://www.aamc.org/media/23441/download that is completed and signed by their healthcare provider or institutional representative verifying all OCOM-required vaccination and titer requirements (completed or in progress), as listed below, and in accordance with the CDC Guidelines (https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html), have been met for the following:

1. *Diphtheria, Pertussis and Tetanus*

- All students must submit documentation (physician signature or vaccination record) of vaccination with a *Tdap booster (Boostrix® or Adacel®) since the year 2005.
- *Tdap is the one-time booster containing the acellular pertussis vaccine and is available only in the Boostrix® or Adacel® vaccines.
- Following the Tdap booster, a Td routine booster is required every ten (10) years.
- This information should be entered into the “Tetanus-diphtheria-pertussis” section of the AAMC Standard Immunization Form.

2. *MMR: Measles (Rubeola), Mumps, and Rubella*
    - Students must provide dates and verification (physician signature or vaccination record) of two (2) MMR vaccinations, occurring at least 28 days apart.
    - If the student is able to provide a vaccination record or physician signature verifying the dates of these two (2) vaccinations, no titer will be required.
    - Students unable to provide vaccination records or physician signature verifying completion of the MMR series have two (2) options:
        - Repeat the MMR series of two (2) vaccinations at least 28 days apart and provide documentation verifying completion of the series.
        - Obtain titers for measles, mumps, and rubella.
            - If a student elects to obtain titers and they show evidence of non-immunity to any of the three (3) components of the vaccine (measles, mumps, or rubella), they will be required to repeat the MMR series of two (2) vaccinations at least 28 days apart. The exception is if there is only non-immunity to Rubella, only one additional MMR vaccination will be required.
    - This information should be entered into the “MMR (Measles, Mumps, Rubella)” section of the AAMC Standard Immunization Form.
3. *Varicella*
    - Students must provide antibody titers as evidence of immunity to Varicella.
    - If antibody titers demonstrate a student is not immune to Varicella, they must receive two (2) doses of the varicella vaccine administered four (4) weeks apart.
    - This information should be entered into the “Varicella” section of the AAMC Standard Immunization Form.

4. *Hepatitis B Vaccination*
    - Students must provide dates and verification (physician signature or vaccination record) of completing a Hepatitis B vaccination series consisting of either:
    - A three (3) dose series of either the Engerix-B or Recombivax HB. Injections of these vaccines are generally given at 0, 1, and 6 months which means injection two would be given 1 month following injection one, and injection three would be given 6 months following injection one.
    - Two-dose series of Heplisav-B® with the doses separated by at least four (4) weeks.
    - A quantitative antibody titer is then performed 4-8 weeks following the final dose in the series. Qualitative results cannot be accepted.
    - While students may not have completed the entire series at the time of matriculation, all students must have at least received their first injection and be in the process of completing the subsequent injection(s) and titer following the above schedule.
    - In addition, all students must provide verification of quantitative antibody titers demonstrating immunity to Hepatitis B. To ensure accuracy, it is recommended antibody titer testing be performed 4-8 weeks following the final dose in the series.
    - Students who do not demonstrate immunity through adequate titer levels
        - Students who have received the initial series of Hepatitis B vaccine (3 doses if Engerix-B or Recombivax HB or 2 doses if Heplisav-B®) and do not seroconvert to demonstrate immunity will be required to repeat the complete series of vaccinations.
        - Following completion of the repeat series of Hepatitis B vaccinations, students must obtain another quantitative titer to confirm immunity. To ensure accuracy, it is recommended that antibody titer testing be performed 4-8 weeks following the final dose in the series.
        - Students who still do not demonstrate immunity following the second Hepatitis B vaccination series will be considered a vaccine non-responder and at risk for acquiring Hepatitis B Virus (HBV).
        - Students who do not attain immunity following completion of a second Hepatitis B vaccination series will also be required to obtain

testing for active Hepatitis B infection. Please see the information below under Hepatitis B testing for further details.

- If testing for Hepatitis B infection is negative, the student will be considered non-immune to Hepatitis B and will meet with the Associate Dean for Clinical Education. Current recommendations and additional education on universal precautions, risk avoidance, and treatment options if exposed to HBV will be provided to the student. The student will sign documentation of informed consent to continue their education, acknowledging the medical risk and receipt of this information, but they will not be required to continue additional HBV vaccinations.
    - Hepatitis B Testing
        - Per CDC guidelines, any student who does not obtain protective immunity as demonstrated by quantitative titers to Hepatitis B after a completion of two (2) vaccination series (for a total of six (6) vaccinations with either Engerix-B or Recombivax HB or a total of four (4) vaccinations with Heplisav-B®) will be required to obtain serologic testing for Hepatitis B infection as described below. Qualitative results cannot be accepted.
        - Students who attain protective immunity to Hepatitis B after either the first or second vaccination series are considered immune, protected, and free of Hepatitis B and, therefore, do not require testing for the disease.
        - Testing for Hepatitis B is accomplished through evaluation of serum HBsAg (Hepatitis B Surface Antigen) and anti-HBc (Total Hepatitis B core antibody).
        - Hepatitis B surface antigen (HBsAg) is a protein on the surface of HBV; it can be detected in high levels in serum during acute or chronic HBV infection. The presence of HBsAg indicates the person is infectious. The body normally produces antibodies to HBsAg as part of the normal immune response to infection.

HBsAg is the antigen used to make Hepatitis B vaccine.
- Total Hepatitis B core antibody (anti-HBc) appears at the onset of symptoms in acute Hepatitis B and persists for life. The presence of anti-HBc indicates previous or ongoing infection with HBV of an undefined time frame.
- Students who are required to obtain Hepatitis B testing must provide results of both HBsAg and anti-HBc to OCOM along with the confirmatory lab reports.

■ <u>Students Testing Positive for Hepatitis B</u>
- Results of Hepatitis B testing will not affect a student's matriculation status or offer of acceptance but provide valuable information to ensure proper student and patient care safeguards and adherence to CDC recommendations for the management of Hepatitis B virus-infected healthcare providers and students are followed. In addition, testing prior to matriculation provides documentation of baseline infection status in the event a student has an exposure incident during subsequent clinical activities.
- While the presence of a chronic disease does not affect admission to OCOM, student participation in clinical training is subject to the policies of the affiliated private hospitals and other healthcare facilities where students train.
- As noted by the CDC guidelines, HBV infection alone does not disqualify infected persons from the practice or study of medicine. However, in order to promote and optimize both infected student and patient safety, OCOM has adopted the following set of guidelines for students found to be infected with HBV.
- Students who test positive for Hepatitis B/show evidence of Chronic Active Hepatitis B will be required to have a complete evaluation by an Infectious Disease physician or Gastroenterologist to evaluate the student's clinical and viral burden status and make recommendations regarding treatment and any appropriate limitation to participation in specific procedures or patient care

activities. The consulting physician should provide the following information to the Associate Dean for Clinical Affairs:

- A summary of the complete evaluation, including any additional testing deemed appropriate to define and further evaluate the student's Hepatitis B infection and its impact on their health. This should include but is not limited to, HBV DNA levels (serve as a predictive indicator of infectivity).
- The CDC recommends that an HBV level of 1,000 IU/ml (5,000 GE/ml) or its equivalent is an appropriate threshold for a reviewing physician or panel to adopt.
- Details of any treatment are recommended.
- A recommendation regarding the student's ability to participate in patient care including any restriction from specific procedures or patient care activities (Based on Category I or Category II Procedures).
- Coordination with the student's primary care physician (PCP) for ongoing care and establishment of appropriate follow up which must include at least an annual exam.
- Complete the OCOM Hepatitis B Information Form documenting the above information and submit it to the Associate Dean for Clinical Education.
- The consultation must be completed, and the OCOM Hepatitis B Information Form received by the Associate Dean for Clinical Education before the student is permitted to begin clinical rotations or participate in any other patient care activities, including, but not limited to, activities with standardized patients or community medicine outreach activities. Students will not be able to participate in clinical rotations or other patient care activities until this is completed.
- A student testing positive for Hepatitis B is required to complete a follow-up visit with the consulting specialist (or primary care physician upon recommendation of the consulting specialist) once every 12 months or sooner based on the specialist's recommendation. Additionally, another OCOM Hepatitis B Information Form must be completed and submitted to the

Associate Dean for Clinical Education prior to the start of fourth-year clinical rotations.

- Notification of Student Hepatitis B Status
  - Per CDC guidelines, routine notification of patients regarding student HBV status is not indicated unless the provider exposes the patient to a blood-borne infection.
  - To ensure HBV-infected students are following all institutional policies regarding the provision of care by infected providers, the Director of Student Medical Education (DSME), or equivalent, and preceptor will be notified of the students HBV infection prior to the rotation as well as the recommendations of the consulting specialist regarding any suggested restriction from patient care activities.
- Modification of Plan of Study for Students with Chronic Hepatitis B Infection
  - Students who are cleared by the evaluating specialist to participate in unrestricted patient care will have no modification of their clinical education or rotation experience unless mandated by their specific clinical site.
  - Students who are restricted from performing specific clinical procedures (Category I) by the evaluating specialist or clinical site may have their educational curriculum or rotation experience modified as needed. This may include the substitution of simulation-based aids or cadaveric models to provide equivalent procedural experiences.
  - Any requirement to modify student procedural experiences based on consultant or clinical site recommendations will not adversely affect a student's grade as the student will be evaluated utilizing one of the alternative methods noted above.
  - The choice for alternative educational/procedural experiences will be determined in consultation with the discipline clinical chairs, discipline preceptors, and regional deans/DSMEs on each campus.
- Additional guidelines and information regarding students with Chronic Hepatitis B Infection
  - *Standard Precautions*

        - All students, including those with HBV infection, must maintain strict adherence to the tenets of standard (universal) infection control precautions.
        - Students with HBV infection are encouraged to practice double-gloving, especially when participating in highly exposure-prone procedures, as this intervention has been shown to be efficacious in preventing the spread of HBV infections.
- *Exposure-prone Procedures*
    - In general, exposure-prone procedures include those in which access for surgery is difficult or those in which needle stick injuries are likely to occur, typically in very closed and non-visualized operating spaces in which double-gloving and the skin integrity of the operator might be compromised.
    - Given the variety of procedures, practices, and providers, each HBV-infected healthcare provider performing a potentially exposure-prone procedure will need individual consideration. This will include a recommendation from an Infectious Disease specialist or Gastroenterologist who has evaluated the student along with guidance provided by individual hospitals, healthcare systems, and/or preceptor policies.
- *Categorization of Clinical Procedures*
    - *Category I Procedures*
        - Those known or likely to pose an increased risk of percutaneous injury to a healthcare provider that have resulted in provider-to-patient transmission of HBV.
        - Are generally limited to:
            - Major abdominal, cardiothoracic, and orthopedic surgery;
            - Repair of major traumatic injuries;
            - Abdominal and vaginal hysterectomy;
            - Cesarean section;
            - Vaginal deliveries; or
            - Major oral or maxillofacial surgery.

- Techniques that have been demonstrated to increase the risk for healthcare provider percutaneous injury and provider-to-patient blood exposure include:
    - Digital palpation of a needle tip in a body cavity or
    - The simultaneous presence of a healthcare provider's fingers and a needle or other sharp instrument or object (bone spicule) in a poorly visualized or highly confined anatomic site.
    - Students with HBV infection may be restricted from performing Category I procedures based on recommendations from an Infectious Disease specialist or based on hospital or preceptor policy.
- *Category II Procedures*
        - All other invasive and noninvasive procedures.
        - Pose low or no risk for percutaneous injury to a healthcare provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure.
    - Procedures include the following:
        - Surgical and obstetrical procedures that do not involve the techniques listed for Category I;
        - The use of needles or other sharp devices when the healthcare provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
        - Dental procedures other than major oral or maxillofacial surgery;
        - Insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
        - Endoscopic or bronchoscopic procedures;
        - Internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal exam); or
        - Procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

- Students with HBV infection are generally not restricted from performing Category II procedures.

Tuberculosis (TB) Testing

Baseline TB screening/testing is required for all medical students prior to matriculation and again prior to each year of clinical rotations. An Interferon-Gamma Release Assay (IGRA) blood test (QuantiFERON TB Gold In-Tube Test or T-spot TB Test) is required.

- Two-step tuberculin skin test (TST)

If the initial TB screening is done with the Tuberculin Skin Test (TST), the student must have the Two-Step Method at baseline (described below) followed by a single step annually. If the blood test (Interferon-Gamma Release Assay or IGRA) is used at initial screening for baseline measures, a two-step process is not required. Students should speak with their physician to determine which test is most appropriate for them.

Interferon-Gamma Release Assays (IGRAs) Blood Test

TB blood tests (interferon-gamma release assays or IGRAs) measure how the immune system reacts to the bacteria that cause TB.

Two IGRAs are approved by the U.S. Food and Drug Administration (FDA) and are available in the United States:

1. QuantiFERON®–TB Gold In-Tube test (QFT-GIT)
2. T-SPOT®.TB test (T-Spot)

IGRAs are the preferred method of TB infection testing for anyone who has received bacille Calmette–Guérin (BCG). BCG is a vaccine for TB disease.

- <u>Results of IGRAs</u>
  - **Positive IGRA:** This means that the person has been infected with TB bacteria. Additional tests, including a chest X-ray, are needed to determine if the person has latent TB infection or active TB disease.
  - **Negative IGRA**: This means that the person's blood did not react to the test, and that latent TB infection or TB disease is not likely.

Special Situations – Prior BCG Vaccination and Pregnancy

- *Testing for TB in BCG-Vaccinated Persons:*
  - Many people born outside of the United States have been BCG-vaccinated. GRAs are not affected by prior BCG vaccination and are not expected to give a false-positive result in people who have received BCG.
  - Students who have had a previous BCG vaccine must still be tested for TB.

- *Pregnancy*
  - Pregnancy is not a contraindication for TB skin testing. Pregnant students and students who are nursing should be included in the same baseline and serial TB screening as all other healthcare workers. IGRA blood tests are not currently used in pregnant women. Contact the Admissions office for alternative TB testing guidelines.

Medical Students with Positive IGRA Testing

1. Students with WRITTEN documentation of a previous positive TB Blood Test
   - If the date and result of the previous test are documented, these students do not need a repeat TB blood test.
   - If they have written documentation of the results of a chest X-ray indicating no active TB disease that is dated after the date of the positive TB blood result, they do not need another chest X-ray unless symptoms or signs of TB disease develop or a clinician recommends a repeat chest X-ray.
   - These students do not require annual IGRA testing but must complete the TB Risk Assessment Form (Appendix 2) annually, have it signed by a physician, and return it to the Office of Clinical Education.
2. If the student does not have written documentation of a chest radiograph, they must obtain a chest X-ray prior to matriculation to exclude a diagnosis of infectious TB. The results/interpretation of this chest X-ray must be submitted to the Office of Clinical Education.

Medical Students with a Newly Identified Positive IGRA Blood Test

If a student tests positive with an IGRA screening test any time following matriculation, they must immediately notify the Office of Clinical Education.

1. These individuals must be assessed by their physician for current TB symptoms and risk factors for progression to active TB disease.
2. The physician must complete the “Record of Tuberculosis Screening” form and provide documentation indicating that the student is permitted to continue in the curriculum as a medical student, including participation in lectures, labs, and clinical rotations. This documentation, along with documentation of the student’s chest x-ray result as noted below, must be submitted to the Office of Clinical Affairs prior to the student returning to campus or participating in any clinical rotation experiences.
3. In addition, they must obtain a chest X-ray to exclude a diagnosis of active infectious TB disease and submit this documentation to the Office of Clinical Affairs.

Medical Students with Suspected or Confirmed Infectious TB

If infectious TB is confirmed, the student must not return to campus or participate in any third- or fourth-year clinical rotations or other clinical activities, including, but not limited to, community outreach or medical international trips.
A student confirmed to have infectious TB will only be able to return when all the following criteria have been met:

1. Three consecutive sputum samples collected in 8–24-hour intervals are negative, with at least one sample from an early morning specimen;
2. The person has responded to anti-TB treatment that will likely be effective (based on susceptibility results);
3. The person is determined to be noninfectious by a physician knowledgeable and experienced in managing active TB disease
4. The student’s treating physician must provide documentation to the Office of Clinical Affairs verifying each of these criteria has been met and that the student can safely participate in clinical rotations.

5. All required information regarding TB testing and treatment must be entered in the "Tuberculin Screening History" section of the AAMC Standard Immunization form.

Optional Testing

- *HIV Testing*
    - Although not required, OCOM encourages all students to obtain HIV testing prior to matriculation. Testing prior to matriculation provides students with their baseline status regarding the presence of HIV infection, which is valuable in the event a student has an exposure incident during subsequent clinical activities. Students are not required to report the results of their testing to OCOM.
- *Hepatitis C Testing*
    - To protect OCOM students and patients, it is recommended that students obtain Hepatitis C testing and provide documentation of test results to the Office of Clinical Affairs prior to matriculation.
    - Results of Hepatitis C testing will not affect a student's matriculation status or offer of acceptance but will provide valuable information to ensure proper patient care safeguards and adherence to CDC recommendations for the management of Hepatitis C virus in infected healthcare providers and students are followed.
    - In addition, testing prior to matriculation provides a baseline status regarding the presence of Hepatitis C infection, which is valuable in the event a student has an exposure incident during subsequent clinical activities.
        - Testing for Hepatitis C may be accomplished by several methods with the most common method utilized for initial screening being the measurement of anti-HCV, which is a test to detect the presence of antibodies to the Hepatitis C virus.
        - If anti-HCV tests are positive, students will be required to obtain additional confirmatory testing and medical follow-up in accordance with CDC guidelines: http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section.

Optional Vaccines

The following vaccines are considered optional; however, OCOM strongly advises all students to discuss the appropriateness of each with their primary care physician, taking into account their personal medical history, risk factors for contracting these diseases, and potential for international travel.

- **COVID-19 -** OCOM strongly recommends the COVID-19 vaccination for a student to matriculate into our program; however, we do not make the decisions regarding COVID-19 vaccination for our clinical education partners. Direct patient care is a required component of our education. Many of our practice partners have, if not all of our clinical site partners, currently require or may require COVID-19 vaccination in the future for medical trainees. Clinical experiences are part of the core curriculum to obtain the Doctor of Osteopathic Medicine degree, and, therefore, OCOM does not waive vaccination or student health requirements for religious or personal preferences. According to each institution's policies and procedures, the practice site handles requests for medical or religious exemptions, not OCOM.
- **Influenza -** OCOM strongly recommends an annual influenza vaccination. Direct patient care is a required component of our education. Many of our practice partners have, if not all of our clinical site partners, currently require or may require COVID-19 vaccination in the future for medical trainees. Clinical experiences are part of the core curriculum to obtain the Doctor of Osteopathic Medicine degree, and, therefore, OCOM does not waive vaccination or student health requirements for religious or personal preferences. According to each institution's policies and procedures, the practice site handles requests for medical or religious exemptions, not OCOM.
- Polio
- Hepatitis A
- Meningococcal Disease
- Yellow Fever
- Typhoid Fever

Students who have obtained the above optional vaccinations should document the dates and provide verification (physician signature or vaccination records) and include them in the “Additional Vaccines” section of the AAMC Standard Immunization Form.

Additional Information Regarding Immunization Requirements

In some situations, clinical training sites may have additional vaccination requirements above those required by OCOM.

OCOM does not waive vaccination or student health requirements for religious, medical, or personal preferences.
OCOM may revise the vaccination requirements at any time as deemed necessary, and all students will be required to comply with any subsequent changes.

This policy and all OCOM policies shall be posted at ocom.org/policies.