

Pre-Admission Requirements-Complio Due by July 1, 2024

Requirement Name	Requirement Description
Code: SP2028	Texas A&M Pharmacy Package (Immunization Tracker) Background Check & 10-Panel Drug Test
Required Documentation	The following requirements are mandatory. We will provide further details regarding the designated portal at a later date. Please begin the process of gathering documents and, if necessary, renewing any immunizations.
Health Insurance	Provide a copy of your current health insurance card OR proof of coverage. If the name on the insurance card does not match the name on file, submit proof of coverage from your provider showing that you are covered under the insurance policy.
Meningitis	Please answer yes" or "no" if you have had a Meningitis vaccination. If "no" the requirement will be complete. If "yes" please upload documentation of your vaccination.
Varicella	One of the following is required: -2 vaccines -Positive antibody titer (Lab Report Required) If titer is negative or equivocal, a new alert will be created for you to repeat series. If the series is in process, submit where you are in the series and new alerts will be created for you
Measles, Mumps & Rubella (MMR)	to complete the series. One of the following is required: -2 vaccines -Positive antibody titer (Lab Report Required) If titer is negative or equivocal, a new alert will be created for you to repeat series. If the series is in process, submit where you are in the series and new alerts will be created for you to complete the series.
Tetanus, Diphtheria & Pertussis (Tdap)	One of the following is required: -Documentation of a Tdap vaccine administered within the past 10 years <i>OR</i>
	-Documentation of a one time Tdap vaccine AND a Td booster administered within the past 10 years.
Hepatitis B	The renewal date will be set 10 years from the administered date at which time a Td booster is required. One of the following is required: A series of three immunizations and a Hepatitis B Surface Antibody (anti-HBs) QUANTITATIVE titer are required. If not previously completed, students should begin the series now, following the timeline be-low:
	Injection #1 – must be completed prior to enrollment in the 1st academic term Injection #2 – one month after 1st injection Injection #3 – five months after 2nd injection Hepatitis B Surface Antibody QUANTITATIVE titer – 1-2 months after 3rd injection Following a negative/equivocal result, repeat series and titer according to above timeline.
	OR
	A series of two immunizations (Heplisav-B® Vaccine or equivalent) and a Hepatitis B Surface Antibody (antiHBs) QUANTITATIVE titer are required. If not previously completed, students should begin the series now, following the timeline below:
	Injection #1 – must be completed prior to enrollment in the 1st academic term Injection #2 – at least 4 weeks after 1st injection Hepatitis B Surface Antibody QUANTITATIVE titer – 1-2 months after 2nd injection Following a negative/equivocal result, repeat series and titer according to above timeline.
	OR
	Currently inactive carrier of hepatitis B (chronic HBV infected) must present a positive Anti-HBc (core antibody) result with no active symptoms or serologic confirmation of immunity.
Proof of TB	One of the following is required: -Negative two-step skin test administered within the past 12 months OR -Negative QuantiFERON Gold blood test administered within the past 12 months OR -Negative T-spot blood test administered within the past 12 months OR
	If positive results, provide a clear Chest X-Ray administered within the past 12 months. Renewal date will be set for 1 year for negative tests.
	Upon renewal, one of the following is required:
	-1 Step TB Skin Test OR -Negative QuantiFERON Gold blood test OR -Negative T-spot blood test.
	Renewal will be set for 2 years for chest x-rays for a new x-ray.
*Student's name must be on documentation. Information must be submitted on a health record, physician's form, or a retail pharmacy	