

Class of 2027

Welcome to the Paul L. Foster School of Medicine!
Congratulations on taking the first step toward earning your
medical degree.

Carefully review the student checklist. All forms must be
EMAILED to the [Office of Student Affairs](#)

by:

May 29, 2023

- 1 Upload Immunization Requirements into [Texas Tech Health Manager System](#)
- 2 Complete the [Community Wide Orientation Module](#) online
- 3 Complete the [Basic Life Support Certification](#)
- 4 Complete the [Safety Trainings](#) online
- 5 Print and Fill-Out the Consent & Release to Use Image and Information Form
- 6 Print and Fill-Out the Miscellaneous Information Sheet

Email or Call the Office of Student Affairs if you have any questions

Student.Affairs.PLFSOM@TTUHSC.edu

(915) 215 – 4010

Office of Occupational Health

It is the policy of Texas Tech University Health Sciences Center El Paso to maintain a health program that conforms to the guidelines and recommendations established by the Centers of Disease Control and Prevention (CDC). This program is directed toward primary prevention, early detection, and diagnosis of exposure-related illnesses.

Immunization records are kept on file in the Office of Occupational Health. As immunizations are updated, written documentation must be submitted to this office.

- Copies of Lab Reports, Immunizations, and Health Records must be provided
- Lab reports must be in English from a U.S. lab.

Documentation of required immunizations and titers must be uploaded to Texas Tech Health Manager Portal: [TexasTechHealthManager](#)

Immunization Requirements:

- **Varicella (Chicken Pox):** Proof of immunity determined by serologic titer. In the event of a negative titer, two doses of Varicella vaccine at least 28 days apart is required.
- **Measles (Rubeola):** Proof of immunity determined by serologic titer. In the event of a negative titer, two doses of MMR at least 28 days apart is required.
- **Rubella (German Measles):** Proof of immunity determined by serologic titer. In the event of a negative titer, two doses of MMR at least 28 days apart is required.
- **Mumps:** Proof of immunity determined by serologic titer. In the event of a negative titer, two doses of MMR at least 28 days apart is required.
- **Hepatitis B:** Series of three vaccines followed by an antibody titer. If immunity is not developed after the initial series, a second series and re-titer is required as recommended by the Center for Disease Control and Prevention.

This series must begin prior to matriculation, but may be completed after arrival.

- **Tetanus/Diphtheria/Pertussis:** One dose of adult Tdap. If adult Tdap is more than 10 years old, provide date of last Td or Tdap.
- **COVID-19 Vaccine:** A copy of COVID vaccine card
- **Meningococcal Vaccine:** Documentation of current vaccine (if age < 22)

Flu vaccine: when in season ~ September thru March

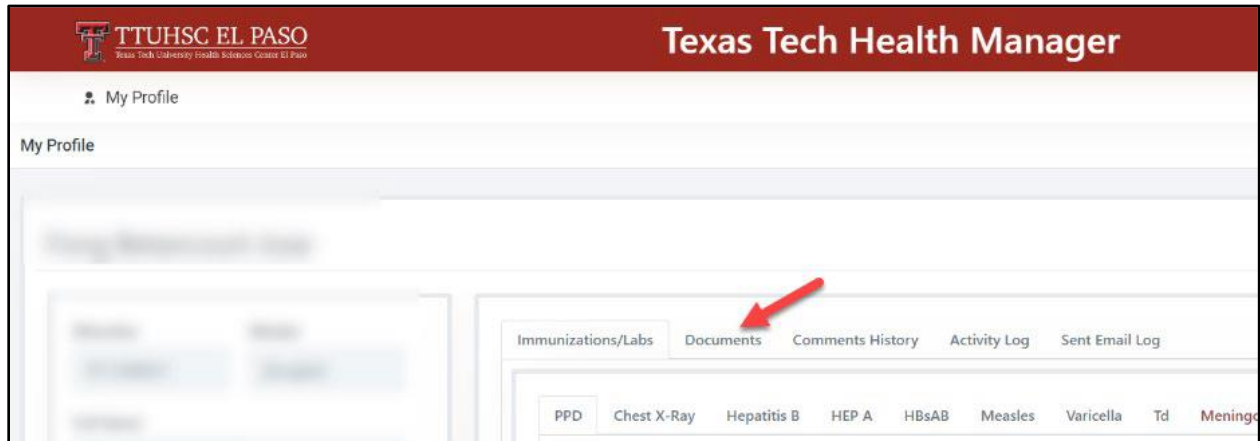
Tuberculosis clearance:

- Documentation of 2 negative TB skin tests within the last 12 months of your start date, OR documentation of negative annual testing for two consecutive years, with the last being within the last 12 months, OR documentation of a negative TB lab test (T-SPOT, QFT-Gold) within the last 12 months.
- If you have a history of a positive TB skin test, documentation of the positive TB skin test or lab test, a chest x-ray, and medication prescribed, if any, is required. BCG vaccine does not preclude the need for TB skin testing.

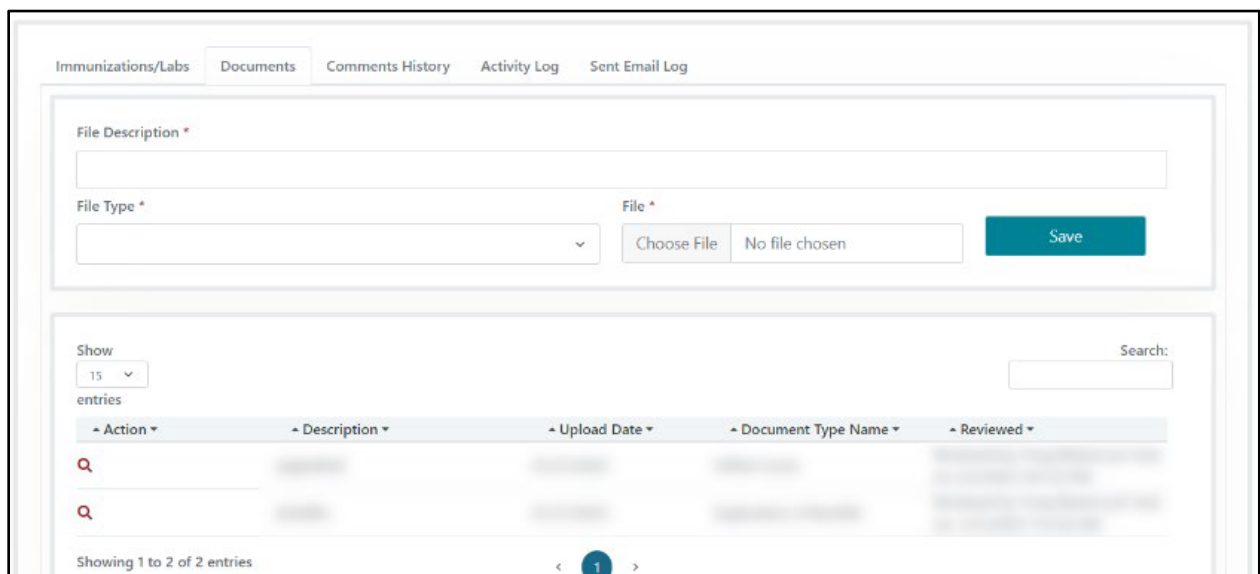
To register and upload immunization records, go to the [Texas Tech Health Manager Portal link](#).

NOTE: To enter the system, you must have an Active eRaider Account and a valid Texas Tech email address.

1. Go to My Profile and select the Documents Tab



2. In the documents tab type the file description, select the file type and the file you wish to upload. Once all the required information is filled you will be able to save the file. A list of all submitted files and the status of each submission is available at the bottom of the documents section.



Once documents have been submitted, you will be notified of any missing requirements. You are expected to log in to the portal and check messages regularly. Occupational Health will notify you once immunization requirements have been met.

Questions regarding immunization status may be directed to:
 Maria Ramirez at (915) 215-4429, maria.ramirez@ttuhsc.edu , or
 Sandra Tellez at (915) 215-5095, santelle@ttuhsc.edu

Office of Occupation Health
 801 Alberta Avenue | El Paso | Texas | 79905

Texas Tech University Health Sciences Center El Paso Consent and Release to Use Image or Information

I, _____ (print name), or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) employees, students or agents to take and use information about me (including my medical history, if applicable), or my name, image or likeness, including, but not limited to, photographs, videotaped images, audio recordings, digital content (collectively "images"), or my data or presentation for the purposes checked below.

I AGREE TO THE USES DESIGNATED BELOW: (<u>Not</u> including uses for patient treatment or payment.)	My Name	My Image(s)	My Information	My Data or Presentation
<input type="checkbox"/> For educational purposes <u>within</u> TTUHSC El Paso.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For educational purposes <u>outside</u> TTUHSC El Paso.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For TTUHSC El Paso marketing or publicity. (This includes news and social media, such as interviews, Facebook, websites, Twitter, YouTube, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For publication in journals or on the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other purpose(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that TTUHSC El Paso and its regents, employees, agents, and personnel acting on behalf of TTUHSC El Paso shall not be held responsible for any use of my name, information and/or image(s), including any use whatsoever by any outside user or third party, and I hereby release and hold harmless TTUHSC El Paso and its regents, employees, agents, and personnel acting on its behalf from any and all liability for damages of whatever kind, character or nature which may at any time result from this consent and release authorizing use or dissemination in accordance with the above.

I understand that TTUHSC El Paso will own the image(s) of me for the purposes stated above. I do hereby knowingly and voluntarily waive any and all other rights, compensation, royalties, or payment of any kind or character in connection with the use of my name, likeness, and/or image(s) as authorized above.

This consent and release can be revoked or withdrawn at any time, but such withdrawal or revocation must be in writing and sent to the TTUHSC El Paso institutional privacy officer. Withdrawal of consent does not affect any information used or disclosed prior to receipt of the written notice of withdrawal.

By signing below, I represent that I have read and understand this Consent and Release to Use Image or Information and that it is binding on my heirs, executors, and personal representatives. I am 18 years of age or older.

Signature of Person Named Above

Date

OR Signature and Printed Name of Authorized Legal Representative

Date

<i>For Office Use Only:</i>	Completed by:		
Date of Event: _____ <input type="checkbox"/> Speaker	MR#: _____ <input type="checkbox"/> Patient	R# (Banner): _____ <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	



Office of Student Affairs

Miscellaneous Information

NAME: (please print) _____

THE WHITE COAT CEREMONY

As members of the Paul L. Foster School of Medicine class of 2027, you will be welcomed into the medical school by the deans, faculty and alumni, and presented with your first white coat in the presence of your family and friends. This is the beginning of a long-standing tradition that is an integral part of orientation week and a vital element in your induction into the community of medicine. We look forward to meeting your families at this year's ceremony.

In preparation for the ceremony, we need to know your coat size. Please indicate your **white coat size** on the chart below. The measurements listed are comparable to your business suit or blazer jacket size. Reference the blazer measurements to help you determine your order size.

White Coat Size: Ladies' ☐ Men's ☐

Size	XS <input type="radio"/>	S <input type="radio"/>	M <input type="radio"/>	L <input type="radio"/>	XL <input type="radio"/>	2XL <input type="radio"/>	3XL <input type="radio"/>	4XL <input type="radio"/>	5XL <input type="radio"/>
Ladies' Suit Blazer Size	2-4	6-8	10-12	14-16	18-20				
Men's Suit Blazer Size	30-32	34-36	38-40	42-44	46-48	50-52	54-56	58-60	62-64

Please indicate your **T-shirt size** on the chart below.

T-Shirt Size: Ladies' ☐ Men's ☐

Size	XS <input type="radio"/>	S <input type="radio"/>	M <input type="radio"/>	L <input type="radio"/>	XL <input type="radio"/>	2XL <input type="radio"/>	3XL <input type="radio"/>	4XL <input type="radio"/>	5XL <input type="radio"/>
------	--------------------------	-------------------------	-------------------------	-------------------------	--------------------------	---------------------------	---------------------------	---------------------------	---------------------------

NAME BADGE

Please write your name as you would like it to appear on your medical school name badge (you are required to wear your name badge any time you are seeing patients while in school). It should include your first name (as you would like to be addressed) and last name. Please do not include titles; however, you may include a middle initial. Space is limited.

(Please print) _____

DIETARY REQUIREMENTS

During orientation and at various times throughout medical school, lunch will be provided for you. To help us and others plan, please let us know if you are vegetarian or have other dietary requirements.

MILITARY STATUS

Active ☐ Veteran ☐ Non-Veteran ☐ N/A ☐

BRANCH (if applicable): _____

HPSP SCHOLARSHIP (check if applicable): ☐