Speech-Language Pathology Program
Immunization and Health Form

This is an instruction page only; do not submit with the completed Immunization and Health Form / Core Functions.

PLEASE READ INSTRUCTIONS CAREFULLY: This form is in advance of the first day of orientation in August. Make an appointment with your licensed clinician for any needed requirements as outlined below. Take the Immunization and Health Form, along with any documentation of immunizations for review and verification. Once your clinician has reviewed your records, administered immunizations, drawn blood for titers and/or conducted a general exam as needed, he/she must complete, sign and date the form.

REQUIREMENTS

1) **Immunizations:**
   a) MMR (Measles, Mumps, and Rubella): Two vaccinations are required *or* titers indicating immunity are also acceptable. If a titer indicates non-immunity, complete the vaccine series (2), 4 weeks apart, per CDC guidelines.
   b) Adult Diphtheria Tetanus: within the last ten (10) years. In addition, we also highly recommend receiving the Tdap (tetanus, diphtheria and pertussis) if it has been more than two (2) years since your last Adult Diphtheria Tetanus. Please note the following Tdap parameters:
      i) Tdap can be received only after two years of receiving the Adult Diphtheria Tetanus.
      ii) Tdap can be received only one time as an adult.
   c) Hepatitis B Vaccination: Dates of all three injections are required **AND** titer indicating immunity is acceptable. Since Hep B is a series of three injections over the course of four to six months, it is acceptable to submit the form with the date of the first injection only. Please start the series immediately and submit documentation as each future injection is completed. *If initial titer indicates non-immunity*, complete the vaccine series (3) and repeat titer per CDC guidelines.
   d) Varicella: Dates of immunization (if first date is 2006 or earlier, second date of catch-up dose should be after 2006). Date of disease or titer indicating immunity are also acceptable. If titer indicates non-immunity, complete vaccine series (2), 4 weeks apart, per CDC guidelines.
   e) COVID19: Dates of two injections plus one booster required. (Dates of one dose plus one booster for Janssen (Johnson & Johnson)). Please contact Director of Clinical Education if you will be requesting a COVID19 vaccination exemption.
2) **Physical examination:** Within one year prior to the start of the SLP program. Please refer to the "Core Functions" document included with the Immunization and Health Form.
3) **Tuberculin Skin Tests:**
   a) Results of 2-step Mantoux TB skin tests completed within two weeks of each other (this means four visits: 1. Placement of test, 2. Reading of placement, wait 2 weeks, 3. Placement of 2nd test, 4. Reading of 2nd test). **Submit documentation provided by your provider** indicating dates of injections, dates of readings and results (NEG or POS and mm Size). TB testing is valid for one year; you must keep testing valid throughout enrollment. It is strongly recommended that testing be ***completed*** no earlier than the first week in June so that you will have to retest only one time prior to the clinical year.
   b) Student may instead choose to have a blood test: T-Spot TB Test *or* Quantiferon-TB Gold blood test. **Submit documentation provided by your provider** indicating dates of injections and results. TB testing is valid for one year; you must keep testing valid throughout enrollment.
   c) If you have a positive reaction to TB skin test or a positive blood test result, you are required to have a Chest X-ray and provide results.

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Student's Name_____ **Email**_____

DOB:_____

IMMUNIZATIONS

MMR (Measles, Mumps, Rubella)	**Dates of Vaccine** Two Immunization Dates Required	

Dates of Titer Indicating Immunity	
Measles	
Mumps	
Rubella	

Adult Diphtheria, Pertussis Tetanus (Td) REQUIRED every ten years	**Booster Tdap OR Tetanus, Diphtheria (Td)** At least two years after receiving Adult Diphtheria Tetanus
Date	**Date**

Td/Tdap REQUIREMENT: At least one immunization date is required (Td or Tdap). If Tdap date is older than 10 years, current Tdap/Td booster date is required.

Hepatitis B Series Three injections over course of six months	**Date 1**	**Date 2** (4-8 weeks after Date 1)	**Date 3** (6 months after Date 1)	**Date of Titer Indicating Immunity**

Varicella (i.e. Chicken Pox)	**Dates of Vaccine** Two Immunization Dates Required		**or**	**Date of Disease**	**or**	**Date of Titer Indicating Immunity**

Influenza	**Date of Last Vaccine**

COVID Moderna	**Dose 1 (0.5mL)**	**Dose 2 (0.5mL)**	**Most Recent Booster (0.25mL)***
2 doses at least 28 days apart. Booster to be given at least two months after primary series			

COVID Pfizer	**Dose 1 (0.3mL)**	**Dose 2 (0.3mL)**	**Most Recent Booster (0.3mL)***
2 doses at least 21 days apart. Booster to be given at least two months after primary series			

COVID Janssen (Johnson & Johnson)	**Dose 1 (0.5mL)**	**Most Recent Booster (0.5mL)****
Booster to be given at least eight weeks after primary dose		

** Booster doses may be mix-n-match but should be mRNA COVID-19 vaccine (i.e. Moderna or Pfizer); booster may also be Noravax given six month after primary series.*

***Booster may be MRNA (Moderna or Pfizer)*

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Student name: _____

Physical Exam (date) _____(to be within one year of start date)

Physician or Licensed Clinician:

Please sign below confirming this student is able to safely perform the duties of a health care provider as delineated in the attached "**Core Functions**" and that all immunizations / titers are up-to-date according tothe requirements of the Speech-Language Pathology Program at Baldwin Wallace University.

_____ _____

Signature of Physician or Licensed Clinician **Date**

_____

Printed Legal Name of Physician or Licensed Clinician

SLP PROGRAM CORE FUNCTIONS

The following was created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) and adopted by the Department of Communication Sciences and Disorders at Baldwin Wallace University in May 2023. The document differentiates core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status. Core functions represent the functions that individuals typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice.

For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and stakeholders of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process.
- Respond in a manner that ensures the safety of clients and others.

Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication.
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings.
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies.
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs.
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills.
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care.

Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions.
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies.
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities.

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to

practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice.

This document should be considered a living document and therefore reviewed by CSD Department at regular intervals to ensure that current terminology, practice, and ideas are reflected.

Glossary

- **Cultural responsivity** involves "understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction" (ASHA, 2017) and includes "incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices".
- **Evidence-based practice** involves "integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (Evidence Based Practice in Psychology, n.d.).

References

American Psychological Association. (n.d.). *Evidence-Based Practice in Psychology* https://www.apa.org/practice/resources/evidence

American Speech-Language-Hearing Association. (2017). *Cultural competence in professional service delivery* [Position statement]. https://www.asha.org/policy/ps2017-00346/

Council for Academic Program in Communication Sciences and Disorders. (2023). *A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions*. https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/1023/2023/04/Core-Functions-for-AUD-and-SLP.pdf