A DENTAL STUDENT'S PERSONAL HEALTH RESPONSIBILITIES
Please sign and return this form by January 25, 2016

You are entering the dental health care profession with the responsibilities and risks of all health care professions. As a health care provider, you will be working in very close contact with your patients and may be exposed to various infectious diseases. As a professional, you are responsible to your patients, staff and yourself. As a health care provider you are required to protect yourself against possible infections or illnesses that can be transmitted from patients. If you have an infectious disease(s) that is contagious, it is equally imperative that you protect patients from this condition.

We strongly encourage you to have a complete physical examination, if you have not done so already, prior to entering dental school. This examination will provide you with knowledge of your physical health and help minimize health problems in dental school. If you currently have a medical condition, you can take all necessary precautions to keep yourself healthy.

Close contact with people can potentially expose you to a variety of infectious diseases. You and your physician should insure that you have adequate antibody titers to measles, mumps and rubella (German measles).

A tuberculosis (TB) test must also be done within the last 12 months. Should you have a positive skin test for TB, a follow-up chest x-ray is necessary.

One of the occupational hazards within dentistry, as in all health professions, is the exposure to the Hepatitis B virus. The risk of contracting the Hepatitis B virus infection is minimal to zero if you have been vaccinated to prevent a Hepatitis B infection or have acquired immunity naturally through having had an active Hepatitis B infection. If you think you have acquired natural immunity, by either previous exposure to someone with the disease or by previously contracting the disease yourself, you should have your doctor’s office run a Hepatitis B Core Antibody (HBCAB) test. If this test is positive, you do not need to get the vaccination. Please note that the (HBCAB) test is the only test required for proof of immunity to Hepatitis B.

If you have not acquired natural immunity, you should begin the Hepatitis B vaccination series with your physician 6 months before you enter dental school. If you have not completed the Hepatitis B vaccination series prior to entering dental school, the vaccination series can be completed at the University of Michigan Health Service. You will be charged a fee for the vaccination series given at the University of Michigan. We require documentation that you are appropriately protected either through vaccination or natural immunity.

Additionally, we require incoming students to document immunity to Chicken Pox (Varicella) and Tetanus, either by having the disease or through booster injections.

While in dental school, you are required to be covered under your own health insurance plan. You will be required to demonstrate a minimum level of health insurance coverage for the 2016-2017 academic year of by completing the Health Insurance Submit Form. Access to this form will begin in August 2016 and the completion deadline will be in September 2016. For more information about the UM-Dental School Requirement to have a Minimum Level of Health Insurance please refer to the guidelines at the following link:

http://www.dent.umich.edu/academicaffairs/studentservices/studenthealth
Failure to demonstrate proof of an acceptable health insurance plan, by the submittal deadline, will result in temporary suspension of clinic (MiDent) privileges. More information about how to complete the Health Insurance Submit Form as well as information about the UM Domestic Student Health Insurance Plan, will be communicated electronically in the coming months.

You are embarking upon a new profession which will be extremely rewarding. However, with these rewards come a variety of responsibilities. Providing health/dental care to patients sometimes does entail some personal risk. You are expected to be knowledgeable and take precautions to protect your patients, office staff and yourself during the delivery of dental care.

I have read the above and understand my responsibilities and the risks I undertake during dental school and in the dental profession.

__________________________________________________________________________
Name Printed

__________________________________________________________________________
Signature                                                                 Date