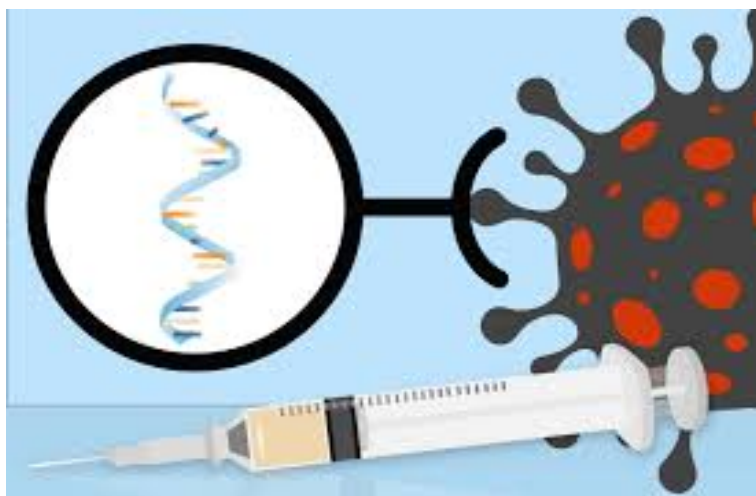


College of Medicine & Dentistry at the Hills, Abbottabad

Vaccination Policy for Faculty, Support Staff, and Students



FOR THE YEAR 2025-26

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Disclaimer

This is a vaccination policy for employees & students of College of Medicine and dentistry at the hills (CMDH) Abbottabad . The final implementation should be reviewed by the institution's legal counsel and the Health Department of the Government of Khyber Pakhtoonkhwa (KPK) for formal endorsement. The circular numbers referenced are illustrative and should be replaced with the actual, current directives from the KPK government.

Purpose and Rationale

The purpose of this policy is to safeguard the health and safety of all faculty support, staff, students, and the patients they serve by minimizing the risk of vaccine-preventable infections within the college and its affiliated clinical facilities. This policy is established in the interest of public health and is aligned with the directives and guidelines of the Khyber Pakhtunkhwa Health Department, which emphasizes infection control as a critical component of healthcare delivery.






Scope


This policy applies to all individuals within the college community, including:

1. All undergraduate and postgraduate students.
2. All faculty members (full-time, part-time, and visiting).
3. All staff members (administrative, technical, support and housekeeping).
4. All volunteers and contractors with regular presence on campus or in clinical settings.

1. Introduction

The **College of Medicine & Dentistry at the Hills, Abbottabad** is committed to ensuring the health and safety of its faculty support, staff, and students. In line with national health regulations and international best practices, the College has developed a comprehensive **vaccination policy** to prevent the spread of vaccine-preventable diseases within the campus community. This policy aims to promote a safe academic and clinical environment, safeguard





public health, and uphold the institution's responsibility toward its healthcare workforce and learners.

2. Policy Statement

It is a mandatory condition of enrollment and employment that all individuals covered under this policy provide documented evidence of immunity or completed vaccination against the specified infectious diseases. Compliance is a prerequisite for participation in clinical rotations, laboratory work, and for continued enrollment/employment.

3. Required Vaccinations

The following vaccinations are mandatory, with Hepatitis B being of paramount importance:

1. Hepatitis B: A complete series of three doses (or an accelerated schedule as per vaccine type) is required. Serological testing for hepatitis B surface antibody (Anti-HBs) is mandatory 1-2 months after the final dose; A protective titer of ≥ 10 mIU/mL is required
2. MMR (Measles, Mumps, Rubella): Documentation of two doses or positive serological titers indicating immunity
3. Tdap (Tetanus, Diphtheria, Pertussis): A one-time dose of Tdap, followed by Td boosters every 10 years
4. Polio: Evidence of completed primary series
5. COVID-19: As per the latest guidelines and recommendations issued by the KPK Health Department
6. Others: Additional vaccinations, such as varicella (chickenpox), influenza (annual), and typhoid fever, may be strongly recommended or mandated based on program-specific risks and public health advisories from the KPK Health Department

4. Vaccination Record and Verification

4.1 Documentation

All individuals must provide a certified *Immunization Record Form* (available from the College Infirmary) completed by a licensed physician or a verified vaccination center. The form must include:

1. Name and signature of the healthcare provider
2. Dates of administration for each vaccine dose
3. Batch numbers of the vaccines
4. For Hepatitis B, a copy of the positive Anti-HBs titer report is mandatory

4.2 Submission and Audit

1. New Students & Employees: The completed Immunization Record Form must be submitted to the College Health Service section of Human Resources Department during the orientation/onboarding process.
2. Centralized Record Keeping: The College Health Service will maintain a confidential, centralized electronic database of vaccination records.
3. Audit: The Infection Control Committee will conduct annual random audits to ensure compliance.

5. Non-Compliance



Failure to comply with this policy will result in the following actions:

For Students:

- * A registration hold will be placed, preventing enrollment in subsequent semesters.
- * They will be barred from all clinical postings and high-risk laboratories.
- * Persistent non-compliance may lead to suspension or termination of enrollment.

For Faculty and other Staff:

- * The employees will be subject to disciplinary action.
- * They may be excluded from work without pay until compliance is achieved.
- * Non-compliance may be grounds for termination of employment.

6. Medical Exemptions

Exemptions will be considered only for valid medical contraindications certified by a board comprising licensed medical specialist and a qualified specialist in preventive medicine. The certification must clearly state the medical reason and the duration for which the vaccination is contraindicated. Requests for exemption must be submitted in writing to the college's Infection Control Committee for review and approval.

7. Alignment with KPK Health Department Directives

This policy is formulated in direct accordance with the public health mandate of the **KPK Health Department**. Key references include:

1. The KPK Public Health Act; which grants the health department the authority to mandate measures for the prevention of infectious diseases.
2. KPK Health Department Advisory on hepatitis B in Healthcare Workers (Circular No. 12/PHC/2021) strongly recommends mandatory hepatitis B vaccination for all individuals in clinical settings due to the high risk of transmission.
3. Guidelines for Infection Prevention and Control in Healthcare Settings (KPK Health Department, 2022): Identifies immunization as a core component of a comprehensive infection control program.

The college will continuously monitor and update this policy in response to any new directives issued by the KPK Health Department.

8. Vaccination Provision

To facilitate compliance, the College of Medicine & Dentistry at the Hills, Abbottabad Health Service, in coordination with the KPK Health Department, will organize periodic vaccination drives on campus where vaccines will be provided at a subsidized cost or free of charge, subject to availability.

Official Immunization Record Form

This form must be completed in its entirety by a licensed physician or a verified vaccination center to certify the immunization status of the student/staff member. Incomplete forms or forms without an official stamp/seal will not be accepted.

Part A: Personal Details

Full Name:	
College identity / Employee number:	
Program / department:	

Date of Birth (DD/MM/YYYY):	
Contact phone number:	
Email address:	

I hereby authorize the healthcare provider named below to release the immunization information on this form to the College of Medicine & Dentistry at the Hills.

Signature of student/staff member:	
Date:	

Part B: Immunization History & Serological Evidence

Instructions for Provider: Please indicate the immune status by checking ONE box per row. Provide dates (DD/MM/YYYY) for vaccinations given and attach lab reports for all serological tests.

Vaccine	Fully Vaccinated	Serological Proof of Immunity	Not Immune/Incomplete	Critical Information Required
Hepatitis B (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dose 1 date: Dose 2 date: Dose 3 date: Anti-HBs titer: Date of titer test: >10 mIU/mL is proof of immunity
MMR (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dose 1 date: Dose 2 date: OR Positive IgG Titer Report Attached:
Tdap (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Tdap booster: Required once, then Td every 10 yrs.
Polio (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary series completed: Booster Date (if applicable):
COVID-19 (As per KPK guidelines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary series: Latest booster: Vaccine name(s):
Varicella (recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dose 1 date: Dose 2 date: OR history of disease & positive titer:
Influenza (seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date received:

Part C: Healthcare Provider's Attestation

Provider's full name:	
Provider's signature:	
Medical license/council registration Number:	
Clinic/hospital name:	
Address:	

Contact phone number:	
Date:	

For College Use Only

Received by:		
Date received:		
Status:	Complete & verified / Incomplete - hold placed	
Remarks:		

Approved by

Principal / Dean
College of Medicine & Dentistry at the Hills, Abbottabad