

Immunizations – Nursing Program

Vaccination/Screening/ Document	Requirement Summaries
Hep B/HBV (Hepatitis B)	1. Proof of a 3-dose series - doses at 0, 1, and 6 months OR 2. Proof of the HEPLISAV-B vaccine 2 dose series, 4 weeks apart OR 3. Serologic proof of immunity OR 4. Proof of a booster if the titer is "negative," "indeterminate," or "equivocal" OR 5. Documentation as a non-responder OR 6. Documentation that the series is underway and on track as described above OR 7. Waiver provided by the school with medical documentation attached from a healthcare provider describing why the individual cannot complete the series
MMR (Measles, Mumps, Rubella)	1. Proof of 2 doses given at least 28 days apart OR 2. Serologic proof of immunity OR 3. Proof of a booster if the titer is "negative," "indeterminate," or "equivocal" OR 4. Waiver provided by the school with medical documentation attached from a healthcare provider describing why the individual cannot complete the series
Varicella (Chickenpox)	1. Serologic proof of immunity OR 2. Laboratory confirmation of disease OR 3. Documentation of a diagnosis or verified history of varicella from a healthcare provider OR 4. Proof of 2 doses of Varicella vaccine at least 28 days apart OR 5. Proof of a booster if the titer is "negative," "indeterminate," or "equivocal" OR 6. Waiver provided by the school with medical documentation attached from a healthcare provider describing why the individual cannot complete the series
Tdap (Tetanus, Diphtheria, Pertussis)	1. Tdap within the last 10 years OR 2. Waiver provided by the school with medical documentation attached from a healthcare provider describing why the individual cannot complete the series
Flu (Influenza)	1. Seasonal vaccine required annually during the September-March flu season OR 2. Waiver provided by the school with medical documentation attached from a healthcare provider describing why the individual cannot complete the series
Tuberculosis Testing (PPD TST (Purified Protein Derivative Tuberculin Skin Test), IGRA blood tests, & X-rays)	1. If no history of previous annual TB testing, an initial two-step PPD skin test OR 2. If previous annual tests AND current testing documentation can be provided, only a one-step within the last 90 days is required for new students OR 3. Annual PPD skin test for all previously enrolled students OR 4. An annual, negative QuantiFERON-TB Gold test (QFT-G), T-SPOT TB Test or other Food and Drug Administration (FDA) approved TB blood test (IGRA) For students with a positive TB skin test or IGRA test: 5. A "negative" chest x-ray AND a "negative" TB screening report from a healthcare provider if it is a "new" positive TST or IGRA OR

Vaccination/Screening/ Document	Requirement Summaries
	6. A "negative" chest x-ray within the past 5 years for those with a history of a BCG vaccination, or a positive TST or IGRA
CPR	1. Valid AHA BLS CPR card (American Heart Association Basic Life Support CPR)
Physical	1. Performed by a healthcare provider stating the student is fit for practice that is less than 1 year old
Background	1. cleared check performed at enrollment - must remain clear through the program
Drug Screen	1. clear screening performed at enrollment and randomly throughout the program