



# Health Careers and Nursing Immunization and Health Requirement Completion Guide

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## HEALTH CAREERS AND NURSING

### IMMUNIZATION AND HEALTH REQUIREMENT COMPLETION GUIDE

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## HEALTH CAREERS AND NURSING

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#### OVERVIEW

The completion guide is designed to assist the health career student fulfill the necessary health and immunization requirements throughout their course of study at Cuyahoga Community College. Many requirements are universal; however, there are some variances among the health career programs. Always consult your respective program for specific requirements.

Once you have obtained the required immunizations, your documents must be uploaded to CastleBranch. **Do not** attempt to create an account or upload documents *until* you have received your program specific code from your health career program. It is highly recommended that you attend an Immunization and Health Requirement Information Session before establishing your CastleBranch account. Schedules and registration available at <http://www.tri-c.edu/programs/health-careers/>

**Medically documented evidence** – Please be aware that many requirements mandate “Medically documented evidence.” **This is defined as follows:** Electronic Records (ex. MyChart) OR document/printout on medical provider/facility letterhead. All other documents must be signed and/or stamped by a healthcare provider that includes the provider’s name and contact information as well as the student’s name, date of birth and date of service.

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#### TITERS AND IMMUNIZATIONS –

##### What is a titer?

A titer is a blood test that checks your immune status to specific diseases. In reference to MMR and Varicella, an **IgG** titer is required. A positive result indicates that you have immunity and do not require an additional vaccine. A negative or equivocal result for any of these diseases indicates that you may need additional doses of the vaccine. **Please Note - immunity must be demonstrated by a lab report with values and reference ranges that confirm immunity.**

##### MMR TITER (MEASLES, MUMPS AND RUBELLA) TITER IS REQUIRED **FIRST**

- **A positive IgG titer result** indicates immunity. Must be demonstrated by a lab report.
- **A negative or equivocal IgG titer result** for Measles, Mumps or Rubella **does not** satisfy this requirement. If your result is negative or equivocal you must provide/obtain one of the following:
  - Medically documented evidence of obtaining two vaccines for Measles and Mumps, and one vaccine for Rubella **or** two doses of MMR **in your lifetime** in **addition** to the titer
  - If negative or equivocal AND **you do not** have medically documented evidence of some or all of the required vaccines, you must obtain the missing vaccine(s)
    - You are NOT required to obtain a follow-up titer unless indicated by your clinical site

**Note:** - doses must be administered 28 days apart based upon current CDC recommendations

##### VARICELLA (CHICKEN POX) TITER IS REQUIRED **FIRST**

- **A positive IgG titer result** indicates immunity. Must be demonstrated by a lab report.
- **A negative or equivocal IgG titer result** for Varicella **does not** satisfy this requirement. If your result is negative or equivocal you must provide/obtain one of the following:
  - Medically documented evidence of obtaining two vaccines for Varicella **in your lifetime** in **addition** to the titer
  - If negative or equivocal AND **you do not** have medically documented evidence of obtaining two vaccines for Varicella, you must obtain the missing vaccine(s) to meet the requirement
    - You are NOT required to obtain a follow-up titer unless indicated by clinical site

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#### HEPATITIS B (HEP B) (OPTIONS)

- Medically documented evidence of three-dose series
  - Dose 1 administered on day 0
  - Dose 2 administered one month \*
  - Dose 3 administered six months

OR

- Hepislab-B, the hepatitis B two-dose vaccine currently produced by Dynavax+, is an option for students who may need the vaccination in a shorter period of time.

OR

- Hepatitis B Surface Antibody test (positive titer required)
  - If negative three-dose series is required\*\*

\* Student is permitted to attend clinical with two-doses; however, must proceed with three-dose schedule as required.

\*\* Some clinical sites may require an additional three dose series for those with a negative or equivocal titer. Check with your specific program.

+The College does not endorse this manufacturer. This is for informational purpose only.

#### TDAP (TETANUS-DIPHTHERIA-PERTUSSIS) (VACCINE)

- A documented dose of Tdap
  - If Tdap was obtained more than 10 years prior, a Td booster is required. Healthcare provider must complete dose date and booster date (if applicable) and enter provider information.

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#### TB TEST (TUBERCULOSIS TESTING)

- **A two-step (Double Mantoux) is required** initially (within the past twelve months of admission into a health career program). Obtain test 1, return 48-72 hours to have test read. Obtain test 2 one to three weeks after test 1 is administered, return 48-72 hours to have test read. Your healthcare provider must document dates, results and enter provider information. **If positive due to latent tuberculosis, obtain a chest x-ray.**
- **A one-step TB is required ▲** in *subsequent* years following the initial two-step. Annually and prior to the one-year anniversary of the last skin test, obtain a one-step TB skin test. Your healthcare provider must complete results, date, and enter provider information.

**OR**

- **\*IGRA Blood Test - i.e. QuantifFERON Gold or T-Spot ▲** (you may choose this option annually in lieu of the skin tests listed above.) Your healthcare provider must document results, date and enter provider information. **If positive due to latent tuberculosis, obtain a chest x-ray.**
  - **Please note:** in subsequent years if a student elects to switch to the skin test option, a two-step will be required, followed by annual one-steps.

**AND**

- **Chest x-ray** is required for positive results due to latent tuberculosis disease. A chest x-ray is only required **once every five years**. Medical Provider Verification Statement required in conjunction with x-ray report. In subsequent years following the chest x-ray a NEW Medical Provider Verification Statement is required to confirm the absence of active TB.
- **Medical Provider Verification Statement ▲** Required in combination with original x-ray and independently in subsequent years following a chest x-ray. Your healthcare provider must provide a statement that indicates there are no active signs of TB and enter provider information.

#### INFLUENZA VACCINE

- **An Influenza vaccine (flu shot) ▲** is required annually between the months of August 1 – October 1. You must provide document that includes your name, date and medical source, and receipt if from pharmacy, or your healthcare provider must document the date, and enter provider information. You will receive annual renewal notification from CastleBranch.

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#### PROGRAM SPECIFIC REQUIREMENTS (APPLIES TO ONLY THOSE PROGRAMS LISTED)

- **Vision Exam** is required for the **Dental Hygiene, MLT, Phlebotomy and Optical programs ONLY**. Provider to enter date of exam and complete provider information.
- **Color Blindness Test** is required for **the MLT and Phlebotomy Programs ONLY**. Provider to enter date of exam and complete provider information.
- **Dental Exam with Radiographic images Dental Hygiene ONLY**. Provider to enter date of exam and complete provider information.
- **Pre-Exposure Rabies Vaccine-RECOMMENDED but not required. Vet Tech ONLY**. Obtain the three-dose series according to the following schedule: Dose 1 - as appropriate; Dose 2 – 7 days after dose 1; Dose 3 – 28 days after dose 1. Your healthcare provider must document dates and enter provider information.

#### REQUIRED FORMS

##### HEALTH RELEASE FORM

- The Health Release Form is required for all health career programs. Healthcare provider must enter provider information. Student must sign and date. **(Some health career programs may have additional physical requirements, please check with specific program). Form is only available within your established CastleBranch account under Document Library.**

##### HEALTH INSURANCE ATTESTATION

- The Health Insurance Attestation Form is required for all health career programs. Student must complete the form in its entirety sign and date. Students may be required to provide evidence of health insurance from clinical/practicum site during his/her clinical experience. **Form is only available within your established CastleBranch account under Document Library.**

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#### ADDITIONAL REQUIREMENTS

##### CPR

- Most health career programs require CPR certification. **American Heart Association** Basic Life Support for Health Care Professionals is the **ONLY** acceptable certification. Documentation to be uploaded to the student's CastleBranch account. Acceptable documentation includes:
  - Copy of front and back of CPR card with signature
  - Letter of certificate verifying completion of course (temporary 30 day approval)
  - Digital Certificate with name and scan bar code

##### BUREAU OF CRIMINAL INVESTIGATION (BCI) CHECK

- Most health career programs require a criminal background check. The following URL provides general information about the background check <http://www.tri-c.edu/programs/health-careers/general-bci-requirements.html> Students **should not** obtain a background check/BCI until instructed to do so by the respective program manager.

##### DRUG SCREEN

- Many health care facilities require student that attend their site be drug screened. Detailed information is available at the following URL <http://www.tri-c.edu/programs/health-careers/documents/Drug%20Screening%20Policy.pdf> Students **should not** obtain a drug screen unless instructed to do so by the respective program manager.

**Please note:** Health requirement fulfillment is based upon, clinical site, college and program specific mandates and recommendations. While every effort is made to ensure accuracy, requirements are subject to change without warning. Please verify requirements with your health career program before initiating.