

Schools of Health Professions Requirements

Dietetics:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis A series: Required by program.

Hepatitis B Series: optional

Influenza: annual vaccine required

Varicella titer or documentation of a completed varicella series.

Panel 14 drug screen.

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include "*date read, mm of induration, and if negative or positive*"

Positive TB test: Must provide documentation of the positive test, any treatment taken and negative chest x-ray report. Must come in for annual symptoms reviews.

Annual Flu Shot

Medicine, School of:

A Green Medical history form is required.

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B series (a Hep B sAB does not replace series documentation).

Past history of varicella disease or positive varicella titer or documentation of two-dose varicella vaccination series.

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include "*date read, mm of induration, and if negative or positive*"

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Nuclear Medicine:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B series (a Hep B sAB does not replace series documentation).

Varicella titer or documentation of a completed varicella vaccination series.

Panel 14 drug Screen

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include "*date read, mm of induration, and if negative or positive*"

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Nursing, School of:

Regular BSN students/Accelerated RN Program

Childhood immunizations: (DPT/Polio/MMR)

Adult Td or Tdap in the last ten years

Hepatitis B series (a Hep B sAB does not replace series documentation)

Varicella titer or documentation of a completed varicella vaccination series.

Panel 14 drug screen

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include "*date read, mm of induration, and if negative or positive*"

Positive TB test: Must provide documentation of the positive test, any treatment taken and negative chest x-ray report. Must come in for annual symptoms reviews.

RN-BSN **electronic records from a Staff Health Department will be accepted.

Childhood immunizations: (DPT/Polio/MMR)

Adult Td or Tdap in the last ten years

Hepatitis B Series: We will accept a positive Hepatitis B surface antibody test in lieu of documentation of the series.

Varicella titer or documentation of a completed varicella vaccination series.

Drug Screen: Panel 14. This program will accept any drug screen result from the student's own place of employment if done in the calendar year prior to beginning the RN-BSN program.

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include "*date read, mm of induration, and if negative or positive*"

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

MSNelectronic records from a Staff Health Department will be accepted:**

Must meet the **MMR** policy.

Hepatitis B series: We will accept a positive Hepatitis B surface antibody test in lieu of documentation of the series.

Panel 9 drug screen (some clinical sites may require a Panel 14 instead of a Panel 9).

One current **TB skin test**

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Occupational Therapy:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B series (a Hep B sAB does not replace series documentation).

Hepatitis A series: Recommended by program but optional. Program notes these students will be dealing with food and feeding patients.

Varicella titer: Student must have a reliable history of having had the disease, or records of Varicella Vaccine completion or a positive titer

Panel 5 drug screen

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include "*date read, mm of induration, and if negative or positive*"

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Physical Therapy:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B series (a Hep B sAB does not replace series documentation).

Varicella titer or records of Varicella Vaccine completion.

Panel 5 drug Screen

2-step TB Testing with annual update

If submitting TB test results from another facility or physician, results **must** include *"date read, mm of induration, and if negative or positive"*

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Radiography:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B Series (a Hep B sAB does not replace series documentation).

Varicella titer or records of Varicella Vaccine completion.

Panel 14 drug Screen

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include *"date read, mm of induration, and if negative or positive"*

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Ultrasound:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B Series (a Hep B sAB does not replace series documentation).

Varicella titer or records of Varicella Vaccine completion.

Panel 14 drug Screen

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include *"date read, mm of induration, and if negative or positive"*

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

Respiratory Therapy:

Childhood immunizations: (DPT/Polio/MMR).

Adult Td or Tdap in the last ten years

Hepatitis B series (a Hep B sAB does not replace series documentation)

Varicella titer or records of Varicella Vaccine completion.

Panel 14 drug screen

2-step TB testing with annual update

If submitting TB test results from another facility or physician, results **must** include *"date read, mm of induration, and if negative or positive"*

Positive TB test: Must provide documentation of the positive test, any treatment taken and a negative chest x-ray report. Must come in for annual symptoms reviews.

For questions regarding compliance with the Schools of Health Professions, please call Pam Lee, Compliance Service Representative or Betty Level, RN, BSN at (573) 882-2542. Fax number (573) 884-4083.