

## **IMMUNIZATIONS & RELATED DOCUMENTATION**

The following immunization records are required for all students entering the Respiratory Care program. These requirements have been established to help protect health care providers and their patients during encounters in clinical settings. Students must have completed all immunizations prior to beginning the program. Your personal healthcare provider will provide you with appropriate documentation for the immunizations.

### **1. TUBERCULOSIS SCREENING**

- Recent TB screening, TB skin test, chest x-ray, or history of any treatment for TB disease. The TB documentation must include the date given, the date read, and the reading in millimeters. It must also be signed by the clinician who performed the read test. If positive, include the physician documentation of the positive test and negative chest x-ray.
- For individuals who have received a TB vaccine a TB blood test and/or a negative chest x-ray will be required.
- Must be completed annually while in the program

### **2. MMR**

- Written documentation of the individual's immunity history for measles, mumps and rubella (2 dose series) or documentation of positive measles, mumps, and rubella titers.

### **3. HEPATITIS B**

- Written documentation of hepatitis B vaccination (3 dose series) or documentation of a positive titer
- The series must be started prior to the first day of classes. Be sure to provide updates to your vaccination injections are completed.

### **4. VARICELLA (Chicken Pox)**

- Written documentation of immunization with the varicella vaccine (3 dose series), or documentation of a positive antibody titer.
- The series must be started prior to the first day of classes. Be sure to provide updates to your vaccination injections are completed.

### **5. T-daP**

- Written documentation of immunization with the TDap (tetanus, diphtheria, and pertussis) vaccine. (One time only)

### **6. Influenza**

- Written documentation of the seasonal flu vaccination during the Flu Season
- Must be completed prior to each flu season while in the program.

### **7. Proof of Medical Insurance**

- Evidence of Medical Health Insurance (coverage must be in effect during any clinical rotation).

### **8. Current CPR Card:**

- Students must have a current Healthcare Provider CPR card throughout the program