

IMMUNIZATIONS & MEDICAL RECORDS

The following immunization and medical 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 submit all required documentation prior to the first day of classes. All documentation must be: clear (appropriate terminology), legible, dated, and signed by qualified personnel.

1. Tuberculosis (T.B.)

- Skin test, chest x-ray, or history of any treatment for TB disease.
- Must be completed in the month of July/August prior to beginning the program.
- Documentation must include: date given, date read, reading in millimeters, and the clinician's (who performed the read test) signature.
- If positive, include the physician documentation of the positive test and negative chest x-ray.
- Must be repeated in July/August while in the program.

2. Measles, Mumps, and Rubella (MMR)

- Documentation must include one of the following:
 - Proof of (2) dose series vaccination.
 - The series must be started prior to the first day of classes.
 - Be sure to provide updates to your vaccination injections as they are completed.
 - Positive titer showing immunity for measles, mumps, and rubella.

3. Hepatitis-B (Hep-B)

- Documentation must include one of the following:
 - Proof of (3) dose series vaccination.
 - The series must be started prior to the first day of classes.
 - Be sure to provide updates to your vaccination injections as they are completed.
 - Positive titer showing immunity for Hepatitis-B.

4. Varicella (Chicken Pox)

- Documentation must include one of the following:
 - Proof of (3) dose series vaccination
 - The series must be started prior to the first day of classes.
 - Be sure to provide updates to your vaccination injections as they are completed.
 - Positive titer showing immunity for varicella.
- Oral or written history of having varicella is not accepted.

5. Tetanus, Diphtheria, and Pertussis (Tdap)

- Documentation must state: Tdap
 - TD and/or DTaP is not accepted
 - Positive titer showing immunity for Tetanus, Diphtheria, and Pertussis

6. Influenza (Flu)

- Documentation must include proof of vaccination during the month of September/October.
- Must be completed prior to each flu season while in the program.
- Evidence of this vaccination is not required prior to starting the program.

7. Emerging Diseases Questionnaire

- Documentation must include a completed Emerging Diseases Questionnaire form.

8. Proof of Medical Insurance

- Documentation must include a copy (front and back) of your Medical Insurance Card.
- Coverage must be in effect prior to beginning clinics.

9. Healthcare Provider CPR

- Documentation must include a copy (front and back) of your “Current” Healthcare Provider CPR card.
- Must remain current throughout the program.