APPENDIX D

Mount Marty College Nursing Program IMMUNIZATION & HEALTH EDUCATION REQUIREMENTS

Requirements that must be documented with the Mount Marty College Student Health Office prior to entry into the clinical area:

Varicella Immunity:

Documentation of two varicella vaccinations or a varicella titer showing immunity

Measles, Mumps, & Rubella (MMR) Immunity:

- Two MMR vaccines or a titer showing immunity
- If MMR titer is negative, must have documentation of two MMR vaccinations

Hepatitis B Immunity:

- Hepatitis B vaccine series of three or Hepatitis B Surface Antibody titer showing immunity
- If Hepatitis B Surface Antibody titer is negative, must have the Hepatitis B vaccine series of three or a booster. The Hepatitis B Surface Antibody titer must be repeated showing immunity.

TB Skin Testing:

- At entry into the nursing program a 2-Step TB Skin Test is required within the past year.
- Annual TB Skin Test is required thereafter.
- If unable to receive the TB skin test, the Quantiferon Gold TB Blood Test is required.
- If a positive TB in the past, do not receive any further TB tests, but have a baseline chest x-ray and annual risk assessment thereafter.

Tetanus, diphtheria, Acellular Pertussis (Tdap) Immunity:

- A one-time Tdap booster is required for all health care providers.
- Receive one Td booster every ten years thereafter.

Annual influenza vaccination is required unless contraindicated.

If unable to receive flu vaccine, complete the influenza waiver and return to the Student Health Office.

Menactra or Menuomune (for Meningococcal Meningitis)

- Documentation of two doses of meningococcal vaccine
- If refusing the vaccination, complete waiver form and return to the Student Health Office.

Education requirements prior to entry into the clinical area annually:

Bloodborne Pathogen Training (content of program as outlined in the OSHA Bloodborne Pathogen Standard)

Mount Marty College Student Health Office 1105 W. 8th Street Yankton, SD 57078

Fax: 605-668-1524



Nursing Program Required Immunization Health History Form

Required for students to proceed with class registration at MMC. Please Print.

Name:							Date	e of Birth:	/_	J
Last			Fi	rst		In	nitial		/D	Y
Student I.D. #					_ Phone	e:				
Address:										
	Street				City			State		Zip
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Date (M/D/Y):			OR OR		Varicella Titer:		,			
/MR (Measles/Mu	umps/Rubella) for	ALL stude	ents born aft		31/1956 (M/D/Y		Dos	e 1:		Dose 2:
	Dose 1 given	at age 12	months or la				least 28 da	ys after the	first dose.	
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	Date (M/D/V)						Vormal:	Δh	normal:	

Tetnus, Diptheria, Acellular Pertussis (Tdap):	Booster:	Td 10 Year Booster (If needed):
Date (M/D/Y):		

Annual Influenza Vaccine:	1 st Year:	2 nd year:	3 rd Year:	4 th Year:
Date (M/D/Y):				
Signed Medical/Religious Exem	ption Waiver on file:	Date (M/D/Y):	Yes:	No:

Menactra or Menuomune (for Meningococcal Meningitis):	Dose 1:	Dose 2:	Declination Waiver Signed
Date (M/D/Y):			

Miscellaneous Immunization Information (if applicable):							
Polio (Recommended)							
Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details:							
OPV alone:	Dose 1:	Dose 2:	Dose 3:				
Date (M/D/Y):							
		·					
IPV/OPV Sequential:	IPV #1:	IPV #2	OPV #3	OPV #4			
Date (M/D/Y):							
IPV Alone:	Dose 1:	Dose 2:	Dose 3:	Dose 4:			
Date (M/D/Y):							

Please list other immunizations and dates here:

Name of Clinic or Physician and Address

*Signed copies of vaccination record accepted in place of signature if accompanied by this form.

Name of Clinic or Physician

Physician/CNP/PA-C Signature

Date

Address:

Street

City

State

Zip

Mail, Fax or e-mail the form to Mount Marty College 1105 W $8^{\rm th}$ Street Yankton, SD 57078 Fax: 605-668-1524 Attention Student Health Services

E-Mail to Susan Thorson at sthorson@mtmc.edu

References: www.cdc.gov, American College Health Association, MMWR June 14, 2013 VOL 62(4)

Developed~10/2014, Revised/Approved~11.3.14/Revised~9/28/15, Approved~at~NFO~11.5.15/Revised~2/22/16, Approved~at~NFO~3/14/2016/Revised~4/10/2017, Approved~at~NFO~4/10/2017