# **Nursing Assistant Program Health Requirements**

All applicants MUST complete and document ALL requirements PRIOR to enrollment in the Nursing Assistant Program.

The Wisconsin Immunization Record (on-line) is a good starting point for anyone Wisconsin residents to search for documentation of vaccination status: <u>https://www.dhs.wisconsin.gov/immunization/wir.htm</u>

Specific details on how to upload the documentation to "Castle Branch" are provided when setting up a CastleBranch account.

Measles, Mumps, and Rubella: usually administered as one injection (MMR)

One of the following is required: (evidence of the disease is not acceptable)

- two vaccination dates, a minimum of 28 days apart
- positive titer results demonstrating immunity for each (lab reports required)

Varicella: may be administered with MMR (MMRV) or as an individual vaccine (evidence of the disease is not acceptable)

One of the following is required:

- two vaccination dates, a minimum of 4 weeks apart
- positive titer lab report demonstrating immunity (lab report required)

Tetanus/Diphtheria/Pertussis Vaccine (TDAP):

• Tdap or Td booster within the past 10 years

# COVID Vaccine:

• Proof of Vaccine

Influenza (this is an annual requirement):

• Current seasonal influenza vaccine.

<u>Tuberculosis (TB) Screening (this is an annual requirement)</u>: The due date is set for one year. These results are never included in Wisconsin Immunization Registry records, as they are a screening, not a vaccine.

One of the following is required:

• 4-appointment ("2-step") skin test. This requires a minimum of four office visits; dates placed, dates read, and results documented

• two consecutive annual negative (2-appoiintment a.k.a. "1-step") test results; with no more than 12 months between tests and the most recent test within the past 12 months

• QuantiFERON GOLD or T-SPOT test results reflecting negative TB status

## • Chest x-ray

NOTE: Any student who has been vaccinated against tuberculosis (BCG vaccine is common in some countries), had a positive skin test reaction, been diagnosed with or treated for tuberculosis, or required to have a chest x-ray related to tuberculosis should contact the Program Chair or Clinical Coordinator BEFORE any additional screenings.

### Hepatitis Vaccine Series:

One of the following is required:

• Complete Hepatitis Vaccine Series (students who started but did not complete the series should complete a Declination Form)

• Hepatitis Vaccine Declination form

<u>Urine drug screening</u>: (This is only a requirement for specific clinical sites. Students who must obtain this screening will be informed AFTER enrollment).

• Do NOT obtain this screening unless directed by a Clinical Coordinator or Instructor. Some clinical sites may require this additional health screening requirement and at a specific time related to the clinical start date.

### About Titers:

A titer is a blood test that measures what, if any, level of immunity is demonstrated in blood. Results will be returned as a number value in ranges of Positive (DOES have immunity), Equivocal (cannot tell one way or the other), or Negative (do NOT have immunity).

If positive: Once uploaded in CastleBranch, nothing more needs to be done. The requirement has been met. If equivocal: A repeated (second) titer with a Positive result must be obtained <u>or</u> the two-dose vaccine series must be completed. If negative: The two-vaccine series is required.

Titers are screening tests, not vaccines, so they are unlikely to be included in WIR records. Pregnancy and certain other medical conditions may have involved having titers drawn. The physician, midwife, or other health care provider may have these records, which may be included in an electronic health record (such as MyChart, BeWell, MyHealth, etc).

It can take several days to receive titer results, and equivocal or negative results require additional testing and/or vaccines to meet enrollment requirements. A physician or other primary health care provider should be consulted, and insurance provider information reviewed to determine the best individual plan of care.

\*If a student has a reason they cannot meet a listed requirement, please contact the School of Nursing at <u>Nursing@madisoncollege.edu</u> or 608-246-6780.