



UA Cossatot

MEDICAL DOCUMENT CHECKLIST PREVIEW

Upon selection and admission to the LPN/RN/OTA/PTA Program, students will be required to submit various immunizations/certifications. **At the time of application**, we ask that students start collecting any medical records/info they currently have which provide proof of the immunizations/certifications below.

Student's name MUST be on all documentation.

✓	REQUIREMENT	CRITERIA
	CPR Certification	<p>Please submit documentation of your current CPR e-card. Must be American Heart Association Basic Life Support (BLS) for Health Care Provider Course.</p> <p>Renewal is to be set based on date of expiration on e-card. Temporary certificate/letter from the provider will be approved for 30 days, by which time the permanent documentation must be uploaded.</p> <p>NOTE: If you have a current CPR e-card that WILL EXPIRE while in the program, you will need to take a course prior to the program starting. CPR courses are offered and will be available for sign-up at UAC.</p>
	Tuberculosis (TB) Blood Test	<p>The TB screening process for students will include the following:</p> <ul style="list-style-type: none"> • During the orientation process, students will be required to obtain and submit proof of a NEW negative baseline TB blood test (interferon-gamma release assay – IGRA) from a facility of their choice. The official lab report is required and will be uploaded to Blackboard. The due date for TB testing will be provided to students in the orientation course. Documentation must be submitted by the deadline provided. • Students who receive a positive TB blood test result or have a history of a positive TB blood test will be required to submit a negative baseline chest x-ray from their facility of choice to rule out disease. Documentation must be submitted by the deadline provided. <p><u>RENEWAL</u></p>

		<p>An annual symptom checklist form will be utilized during the program for continued monitoring.</p> <p><u>EXPOSURE</u></p> <p>Any student with known exposure to TB disease while in the program will be responsible for seeking and receiving a TB symptom screen with timely testing and/or treatment (if indicated) from an approved outside facility. If results indicate a positive result, the Medical Education Division will work with the facility to determine proper compliance and course of treatment are being met.</p> <p><i>NOTE: Under special circumstances, the TB requirement may be subject to change based on facility requirements or those at increased occupational risk for TB exposure (certain settings if transmission has occurred in the past e.g. emergency departments). Students will be notified if further testing is needed.</i></p>
	Hepatitis B Series	<p>For this requirement, you may submit 1 of 3 things:</p> <ul style="list-style-type: none"> • Childhood 3-4 dose vaccination series OR • Adult 2-3 dose vaccination series OR • Hepatitis B Surface Antibody test/titer (lab report required) <p>If series is in process, submit documentation of where you are in the series and reminders will be sent for you to complete the series.</p> <p>If the titer is negative or equivocal, please contact appropriate faculty for further instructions.</p>
	Influenza	<p>The following is required:</p> <ul style="list-style-type: none"> • a flu shot administered within the current flu season (September - March) <p>Annual renewal will be set no later than 11/01.</p> <p>Documentation needs to indicate that the vaccination you received is from a batch of the current flu season.</p>
	TDaP	<p>Submit documentation of a TDaP administered within the last 10 years. Renewal dates will be set for 10 years from administration date.</p>
	MMR	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 2 dose vaccination series (minimum of 4 weeks apart) OR • 3 component positive IgG antibody titers (lab report required)

		<p>If series is in process, submit documentation of where you are in the series and reminders will be sent for you to complete the series.</p> <p>If titer is negative or equivocal, please contact appropriate faculty for further instructions.</p>
	Varicella	<p>Please upload one of the following:</p> <ul style="list-style-type: none"> • 2 dose vaccination series (minimum of 4 weeks apart) OR • a positive IgG antibody titer (lab report required) <p>If series is in process, submit documentation of where you are in the series and reminders will be sent for you to complete the series.</p> <p>If titer is negative or equivocal, please contact appropriate faculty for further instructions.</p>
	Professional Licensure (RN PROGRAM ONLY)	<p>Requirement is proof of professional licensure (LPN) from student's primary state of residence. Licensure status must be current and unencumbered.</p> <p>Renewal date will be based on the expiration of licensure.</p>

DECLINATION/EXEMPTIONS TO VACCINATIONS: A student claiming a declination or exemption MAY NOT be able to complete clinical portions of a Medical Education Program required for graduation. If a student is rejected clinical placement due to a declination/exemption, the Medical Education Department is not required to find alternate placement. A consultation with the Program Director **PRIOR to enrolling in a Medical Education Program is required of any student claiming a declination/exemption.*

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