

Student Name: _____ SSN: _____ Program: _____

In accord with the Centers for Disease Control Immunization Recommendations for Colleges and Health Care Workers, Mercy College of Ohio requires evidence of a physical examination within the last year, current CPR (Healthcare Provider certification through the American Heart Association [preferred] or the American Red Cross) and the following immunizations prior to the start of clinicals.

NOTE: Proof of vaccinations or positive titers are REQUIRED and lab results must be uploaded along with this form to student's profile at certifiedbackground.com. If results for any vaccinations are equivocal, student must be tested again or given the vaccination(s).

***** Form must be COMPLETED and SIGNED by a primary care practitioner (PCP) or physician *****

1. TUBERCULOSIS (TB) 2-Step Skin Test or Chest X-Ray - official documentation of ONE of the following is required:

- A. 2 step test (1-3 weeks apart) PLUS each annual renewal, if applicable
- B. 2 consecutive years of annual testing
- C. Negative blood test (with lab report)
- D. Radiologist Report of clear (negative) chest X-Ray (taken within the LAST YEAR)

NOTE: If you must also complete the MMR vaccination: Measles vaccination may temporarily suppress tuberculin reactivity. MMR vaccine may be given after, or on the same day as, TB testing. If MMR has been given recently, postpone the TB test until 4-6 weeks after administration of MMR. If giving MMR simultaneously with tuberculin skin test, use the Mantoux test, not multiple puncture tests, because the latter, if results are positive, require confirmation (and confirmation would then have to be postponed 4-6 weeks). (Source: Centers for Disease Control and Prevention, *Guide to Vaccine Contraindications and Precautions*, p 6, 13. Retrieved 11/11/11 from <http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf>)

***** If ANY results are positive, a clear chest X-Ray within the past year is required! *****

A. Document 2 step PPD (Mantoux) - one to three weeks apart:

Step 1 (R arm) Date Given: _____ Date Read: _____ Results (read in 48 hours): negative positive
 Step 2 (L arm) Date Given: _____ Date Read: _____ Results (read in 48 hours): negative positive

Annual renewals, if applicable:

Date Given: _____ Site: _____ Results (read in 48 hours): negative positive
 Date Given: _____ Site: _____ Results (read in 48 hours): negative positive

B. Two consecutive years of annual testing:

Date Given: _____ Site: _____ Results (read in 48 hours): negative positive
 Date Given: _____ Site: _____ Results (read in 48 hours): negative positive

C. Negative blood test (must include lab report):

Date Given: _____ Site: _____ Results (read in 48 hours): negative positive

D. Negative chest X-Ray (must include radiologist report):

Date Given: _____

Documentation of normal Chest X-Ray is required if Mantoux is positive:

Date: _____ Results: negative positive

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2. MMR: MEASLES (Rubeola)/MUMPS/RUBELLA - official documentation of ONE of the following is required:

- A. 2 vaccinations AND positive Rubella (German Measles) titer
- B. Positive antibody titer for all three components (Measles/Mumps AND Rubella)
- C. IF NOT IMMUNE, two doses of the MMR vaccination (given at least 28 days apart) must be documented

NOTE: If you are also in the process of completing the 2 step TB test: Measles vaccination may temporarily suppress tuberculin reactivity. MMR vaccine may be given after, or on the same day as, TB testing. If MMR has been given recently, postpone the TB test until 4-6 weeks after administration of MMR. If giving MMR simultaneously with tuberculin skin test, use the Mantoux test, not multiple puncture tests, because the latter, if results are positive, require confirmation (and confirmation would then have to be postponed 4-6 weeks). (Source: Centers for Disease Control and Prevention, *Guide to Vaccine Contraindications and Precautions*, p 6, 13. Retrieved 11/11/11 from <http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf>)

A. Immunization with 2 doses of the MMR vaccine after your 1st birthday: Date #1: _____ Date #2: _____

Positive RUBELLA (German Measles) Titer Date: _____ Results: _____ <5.0 non-immune 5.0-9.9 equivocal ≥ 10.0 immune

B. If proof of two MMR vaccinations not available, then *Rubeola, Mumps AND Rubella* titers must be performed to show immunity:

Positive RUBEOLA (Measles) Titer Date: _____ Results: _____ <0.50 non-immune ≥0.50 to ≤0.70 equivocal ≥0.70 immune

Positive MUMPS Titer Date: _____ Results: _____ <0.35 non-immune ≥0.35 to <0.50 equivocal ≥0.50 immune

Positive RUBELLA (German Measles) Titer Date: _____ Results: _____ <5.0 non-immune 5.0-9.9 equivocal ≥ 10.0 immune

C. If NOT IMMUNE, date of two MMR vaccinations at least 28 days apart: Date #1: _____ Date #2: _____

3. Positive VARICELLA (Chickenpox) Titer: Date: _____ Results: _____ <0.60 non-immune ≥0.60 to ≤0.90 equivocal ≥0.90 immune

If NOT IMMUNE, date of two vaccinations (4 to 8 weeks apart): Date #1: _____ Date #2: _____

4. TETANUS Booster (required every 10 years) or TD or TDAP: Date: _____

5. HEPATITIS B (series of 3 vaccinations with dates or positive antibody titer with lab report); Series must be started before clinical assignments begin.

Hepatitis B Surface Antigen (*Before first hepatitis B series vaccination*) Date: _____ reactive non-reactive

Hepatitis B Series #1 (*Must be done before initial clinical experience*) Date: _____

Hepatitis B Series #2 (*one month after the first shot*) Date: _____

Hepatitis B Series #3 (*six months after the first shot*) Date: _____

If Hepatitis series is complete but dates are not available, document Hepatitis B Surface Antibody :

Date: _____ reactive non-reactive

Date of Office Visit: _____

Physician/PCP - Name (PRINTED): _____ **Physician/PCP - Signature:** _____

Physician/PCP - Address: _____

Physician/PCP - City/State/Zip: _____

Physician/PCP - Phone Number: _____