

Nursing Assistant – Certified Program

It is the student’s responsibility to ensure that adequate documentation of the listed requirement is provided. Documentation is required to ensure the health and safety of students and clients in health care agencies that provide clinical learning experience.

Requirement	Acceptable Documentation
Tuberculosis (TB) Test	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Negative Tuberculin Skin Test (two-step PPD Test) Result -A copy of two-step PPD test results within the past 12 months (two injections and two readings given three weeks apart). <p>OR</p> <ul style="list-style-type: none"> ➤ Annual PPD Test -A copy of your current annual PPD test and a previous year’s PPD test. <p>OR</p> <ul style="list-style-type: none"> ➤ QuantiFERON® TB Blood Test -A copy of QuantiFERON® TB blood test within the past 12 months. <p>**If you had a positive PPD test, you must provide documentation of treatment/chest x-ray and current clearance from physician. This letter must be dated within past six (6) months.</p>
Hepatitis B (HepB)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Complete 3 dose series of Hepatitis B vaccines -A copy of three (3) HepB vaccines. Please note that it takes 5 to 6 months to complete all three series. <p>AND</p> <ul style="list-style-type: none"> ➤ Positive Hepatitis B titer test result -A copy of HepB Antibody titer (blood test) result.
Measles, Mumps, Rubella (MMR)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Two (2) does of MMR vaccines -A copy of two MMR vaccines. <p>OR</p> <ul style="list-style-type: none"> ➤ Positive Measles, Mumps, and Rubella titer results -A copy of Measles, Mumps and Rubella titer results.
Tetanus/Diphtheria/Pertussis (Tdap)	<ul style="list-style-type: none"> ➤ Tetanus/Diphtheria/Pertussis vaccine -Copy of Tdap vaccine/booster within the past 8 years. -Must have Tdap after age 18
Varicella (Chicken Pox)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Two doses of Varicella vaccines -A copy of two Varicella vaccines. <p>OR</p> <ul style="list-style-type: none"> ➤ Positive Varicella titer result -A copy of Varicella titer result.
Influenza	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Proof of annual influenza vaccination <p>OR</p> <ul style="list-style-type: none"> ➤ A signed declination form

****Please keep a copy of your immunizations for your personal file.**