

Below is a list of health requirements for your program. These are set by the clinical agencies which require compliance with their employee health standards. For more information visit

<https://www.morainepark.edu/programs-and-courses/program-information/nursing-assistant-30-543-1/>

For immunizations obtained in Wisconsin, go to the Wisconsin Immunization Registry at:

<https://www.dhfs.wis.gov> and click on Public Immunization Record Access.

**\*Any fees associated with vaccines or tests are the student’s responsibility\***

**\*Failure to submit ALL required documentation by due date will result in an administrative withdrawal from course.**

Requirement	Acceptable Documentation
<b>Hepatitis B Vaccines (3 shots)</b> <b>OR</b> Positive Titer <b>OR</b> Decline Hepatitis B Vaccines	WI Immunization Registry <b>OR</b> Medical Record/Lab Report <b>OR</b> Student Health Statement
<b>Influenza Vaccine</b> <i>(Not required for clinicals June 1<sup>st</sup>-October 15<sup>th</sup>)</i>	WI Immunization Registry <b>OR</b> Vaccine Administration Record <b>OR</b> MPTC Influenza Vaccination Form <b>OR</b> Medical Record <i>(Receipts are not acceptable)</i>
<b>MMR Vaccines (2 shots)</b> <b>OR</b> Positive Titers for Measles, Mumps & Rubella	WI Immunization Registry <b>OR</b> Medical Record <b>OR</b> Lab Report
<b>Varicella Vaccines (2 shots)</b> <b>OR</b> Positive Titer for Varicella (chicken Pox)	WI Immunization Registry <b>OR</b> Medical Record <b>OR</b> Lab Report
<b>COVID 19 Vaccination:</b> <b>1 dose (J&amp;J) OR 2 doses (Moderna or Pfizer or Novavax) OR</b> <b>1 dose bivalent OR current vaccine available</b>	WI Immunization Registry <b>OR</b> Anyone seeking an exemption should contact Danielle Rhoads at <a href="mailto:clinicalrequests@morainepark.edu">clinicalrequests@morainepark.edu</a>
<b>Tetanus/Diphtheria/Pertussis (Tdap) (1 adult shot),</b> then Tetanus/Diphtheria (Td) booster shot every 10 years	WI Immunization Registry <b>OR</b> Clinic Documentation
<b>Tuberculin (TB) Skin Tests:</b> <b>2 separate tests</b> within the past 12 months <b>OR TB Gold Blood Test</b> done within past 12 months	Clinic or health facility documentation of <u>two separate TB skin tests at least one week apart</u> <b>OR</b> Lab Report of TB Gold Blood Test NOTE: For known positive TB test or assay, contact Danielle Rhoads (see pg.2 for contact info)
<b>Drug Screen(Urine)(10 panel or greater)</b> <b>Must be done at one of the clinics listed on page 2.</b> <b>DO NOT do this with your own health care provider!</b>	Final Drug Screen Report sent directly to MPTC.

**Please Note: Additional health requirements MAY be needed:**

- *Your instructor* will notify you via **student email** if additional tests or vaccines are required by the clinical agency at which you will complete your clinical hours.

**Drug Screen (Urine)** – One of the clinics below **must** be used for your drug screen. *For drug test, a driver's license or picture ID is required.* It is best to call first & make an appointment. ***DO NOT*** get it done through your healthcare provider. **Any fees associated with the drug screen are the student's responsibility.**

**SSM Health at Work: (3 locations):**

- 430 E. Division Street, Fond du Lac 920-926-5666
- 620 W. Brown Street, Waupun 920-324-6846
- 790 Eastgate Drive, Ripon 920-745-3590

**HealthWorks:**

- 707 S. University Avenue, Beaver Dam 920-887-4089

**Aurora Occupational Health Clinics:** (Any Aurora Occupational Health Clinic may be used)

- 210 Wisconsin-American Drive, Fond du Lac 920-907-7240
- 205 Valley Avenue, West Bend, Central Scheduling 833-986-2170

**NOTE:** Most clinics charge an **additional fee** for positive drug screen panel/prescription evaluation. Should a drug screen come back with a "negative-dilute" finding, the test must be repeated at the student's expense.

Should a currently enrolled student's drug screen be returned with a positive finding for any state or federally controlled substance prohibited by law the student will not be allowed to return to class, including participation in any off-site clinical, until such time as they have completed the necessary actions outlined in Procedure PR 723.03 Student Reasonable Suspicion procedure.

Compliance with program requirements ensures safe care-giving environments. Thank you in advance for completing and submitting all health and other program requirement forms and documentation by the due date.

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

**For questions regarding any of your health requirements contact:**

Danielle Rhoads, Health and Human Services Program Specialist

Phone: 262-335-5738

Fax: 262-335-5916

Email: [clinicalrequests@morainepark.edu](mailto:clinicalrequests@morainepark.edu)