

## Moraine Park Technical College Nursing Assistant Student Health and Safety Requirements

Programs have agreements with clinical agencies which require compliance with their employee health standards. **Page 1 and 2 of this form are to be completed and submitted to your instructor on the first day of class, along with documentation of proof of vaccinations and/or titer results (signed clinic records, lab report records, or copy of your vaccinations from the Wisconsin Immunization Registry).**

Name: _____ Phone No. _____		
Address: _____		
Email Address: _____		
Date of Birth: _____		
Emergency Contact/Relationship: _____ Phone No. _____		
Vaccines	Dates Administered	
<b>MMR</b>	#1 ___/___/___ #2 ___/___/___	2 doses of MMR (measles, mumps and rubella) vaccine <b>or</b> documented proof of immunity shown by positive mumps, rubeola, and rubella titers
<b>OR</b>		
Measles (rubeola) Mumps Rubella	Positive titer ___/___/___ Positive titer ___/___/___ Positive titer ___/___/___	
<b>Varicella</b>	#1 ___/___/___ #2 ___/___/___	2 doses of varicella vaccine <b>or</b> documented proof of immunity shown by positive varicella titer
<b>OR</b>		
Varicella Titer	Positive titer ___/___/___	
<b>Hepatitis B</b>	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___	3 doses of Hepatitis B vaccine <b>or</b> documented proof of immunity shown by Hepatitis B titer <b>or</b> signed Hepatitis B declination form
<b>OR</b>		
Hepatitis B Titer	Positive titer ___/___/___	
<b>OR</b>		
Signed declination form	___/___/___	

**Nursing Assistant Student Health and Safety Requirements**

**Name:** \_\_\_\_\_

Vaccines	Dates Administered	Requirements
Influenza Vaccine	___/___/___	Annual influenza vaccine unless medical exemption is provided. (Contact one of the Instructional Aides listed at bottom of page for exemption form.) <b>*NOTE:</b> Clinicals held after April 1 & ending Oct. 1 are exempt from flu requirement.
Tetanus/Diphtheria/Pertussis (Tdap) Tetanus/Diphtheria (Td)	___/___/___ ___/___/___	One adult Tdap booster. Then Td every 10 years thereafter.
<b>Tuberculin (TB) Testing:</b>  Initial Two-step TB Skin Test          <b>OR</b>	Step 1 test date: ___/___/___ Step 1 read date: ___/___/___ Step 1 result: _____ mm  Step 2 test date: ___/___/___ Step 2 read date: ___/___/___ Step 2 result: _____ mm	<b>An initial 2-step TB Skin test OR a QuantiFERON Gold or T-spot Blood Test is required.</b>  Note: The two-step TB Skin Testing may take up to three weeks to complete.
QuantiFERON Gold or T-spot Blood Test	Date ___/___/___ Results _____	<b>NOTE: For known positive TB skin test or QuantiFERON gold blood test, evidence of a negative baseline chest x-ray report at or within one year of starting the initial clinical experience is required.</b>

**For questions about the health requirements contact: Chris Frederick RN, BSN, Health Sciences Instructional Aide 920-924-3150 email: [cfrederick@morainepark.edu](mailto:cfrederick@morainepark.edu) OR Lyn Backhaus RN, BSN Nursing Instructional Aide 262-335-5738 email: [lbackhaus@morainepark.edu](mailto:lbackhaus@morainepark.edu)**