

Student Health Requirements – Nursing Assistant Program

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. You will submit this completed form and all required documentation listed below to your instructor the first week of class. For Moraine Park’s health requirement forms, access <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.wisconsin.gov/immunization/> and click on Public Immunization Record Access.

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

Please print

Last Name		First Name		MI
Address		City	State	Zip Code
MPTC Student ID Number N		Email Address		
Emergency Contact/Relationship			Phone Number ()	

Completed	Requirement	Date Received	Acceptable Documentation
<input type="checkbox"/>	Hepatitis B Vaccines (3 shots) OR Positive Titer OR Decline Hepatitis B Vaccines		WI Immunization Registry OR Clinic Documentation/Lab Report OR Student Hepatitis B Vaccine Declination form
<input type="checkbox"/>	Student Hepatitis B Vaccine Documentation form		FVHCA Student Hepatitis B Documentation Form – Student Health Statement
<input type="checkbox"/>	Influenza Vaccine <i>(Not required for clinicals in June, July or August)</i>		WI Immunization Registry OR Clinic Documentation OR MPTC Influenza Vaccination Form
<input type="checkbox"/>	MMR Vaccines (2 shots) OR Positive Titers for Measles, Mumps & Rubella		WI Immunization Registry OR Clinic Documentation/Lab Report
<input type="checkbox"/>	Varicella Vaccines (2 shots) OR Positive Titer for Varicella (Chicken Pox)		WI Immunization Registry OR Clinic Documentation/Lab Report
<input type="checkbox"/>	Tuberculin (TB) Skin Tests: <u>2 separate tests</u> within past 12 months <i>(due to booster effect)</i> TB Test #1 Date: TB Test #2 Date: OR TB Gold Blood Test done within past 12 months.		Clinic or healthcare facility documentation of <u>two TB skin tests</u> OR Lab Report of TB Gold Blood Test NOTE: For known positive TB test, a negative chest x-ray done within 1 year of health requirement due date, must be submitted. A TB symptom form will be sent to you to fill out annually
<input type="checkbox"/>	Tetanus/Diphtheria/Pertussis (Tdap) (1 adult shot) , then Tetanus/Diphtheria (Td) booster shot every 10 years		WI Immunization Registry OR Clinic Documentation

Please Note: Additional health requirements MAY be needed:

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

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.

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.

For questions regarding any of your health requirements contact:

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