

## Student Health Requirements – Nursing Program

Below is a list of health requirements for your program, along with their respective due dates. These are set by the clinical agencies which require compliance with their employee health standards. You will submit all documentation to SharePoint. (See *SharePoint Instructions*).

For immunizations obtained in Wisconsin, go to the WI 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.**

| Completed                | Requirement  | Due Date   | Acceptable Documentation  |
|--------------------------|--|--|---|
| <input type="checkbox"/> | <b>Hepatitis B Vaccines (3 shots)</b><br><b>OR</b> Positive Titer<br><b>OR</b> Decline Vaccines  | 8/1 OR 1/1   | WI Immunization Registry<br><b>OR</b> Medical Record/Lab Report<br><b>OR</b> Student Health Statement   |
| <input type="checkbox"/> | <b>Influenza Vaccine</b>   | Fall start:<br>10/15<br>OR<br>Spring start:<br>1/1 | WI Immunization Registry<br><b>OR</b> Vaccine Administration Record<br><b>OR</b> MPTC Influenza Vaccination Form<br><b>OR</b> Medical Record<br><i>(Receipts are not acceptable)</i>                              |
| <input type="checkbox"/> | <b>MMR Vaccines (2 shots)</b><br><b>OR</b> Positive Titers for Measles, Mumps & Rubella  | 8/1 OR 1/1   | WI Immunization Registry<br><b>OR</b> Medical Record<br><b>OR</b> Lab Report  |
| <input type="checkbox"/> | <b>Varicella Vaccines (2 shots)</b><br><b>OR</b> Positive Titer for Varicella (Chicken Pox)  | 8/1 OR 1/1   | WI Immunization Registry<br><b>OR</b> Medical Record<br><b>OR</b> Lab Report  |
| <input type="checkbox"/> | <b>COVID-19 Vaccine</b>  | 8/1 OR 1/1   | WI Immunization Registry  |
| <input type="checkbox"/> | <b>COVID-19 Booster (when eligible)</b>  | 8/1 OR 1/1   | WI Immunization Registry  |
| <input type="checkbox"/> | <b>Tetanus/Diphtheria/Pertussis (Tdap)</b> - every 10 years  | 8/1 OR 1/1   | WI Immunization Registry<br><b>OR</b> Medical Record  |
| <input type="checkbox"/> | <b>Student Health Statement</b>  | 8/1 OR 1/1   | Student Health Statement Form   |
| <input type="checkbox"/> | <b>Release of Information</b>  | 8/1 OR 1/1   | Release of Information Form   |
| <input type="checkbox"/> | <b>Tuberculin (TB) Skin Tests:</b><br><b>2 separate tests</b> within the past 12 months<br><b>OR TB Gold Blood Test</b> done within past 12 months   | 8/1 OR 1/1   | Clinic or health facility documentation of <b>2 separate TB skin tests</b><br><b>OR</b> Lab Report of TB Gold Blood Test<br>NOTE: For known positive TB test, contact Danielle Rhoads (see pg.2 for contact info) |
| <input type="checkbox"/> | <b>Physical Examination (done within past 12 months)</b>   | 8/1 OR 1/1   | MPTC Student Physical Examination Form  |
| <input type="checkbox"/> | <b>Drug Screen (10 panel or greater)</b><br><b>Must be done at one of the clinics listed on page 2.</b>  | <b>Complete 2 weeks prior</b><br>8/1 OR 1/1        | Final Drug Screen Report sent directly to MPTC.   |
| <input type="checkbox"/> | <b>CPR Certification - MUST BE American Heart Association Course: BLS HealthCare Provider.</b><br><b>MUST remain CPR certified while in program.</b> | 8/1 OR 1/1   | AHA CPR eCard<br><b>OR</b> AHA CPR Certificate<br><b>OR</b> AHA RQI documentation   |

**Drug Screening** – One of the clinics listed below **must** be used for your drug screen. It is best to call first & make an appointment. **DO NOT** get it done through your healthcare provider. **For drug screen, a driver's license or picture ID is required.**

**SSM Health At Work Clinics: (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 262-338-5388

Be sure to verify costs and payment methods of any services. Please note that most clinics charge an **additional fee** for positive drug screen panel/prescription evaluation. Should a drug screen come back with a “negative-dilute” finding, students will be required to repeat the test at their own expense.

**NOTE:** 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.

**TB and CPR Certification:** It is recommended that TB Testing and CPR Certification be completed between semesters so that renewal during clinical courses is not needed. CPR class must include an in-person skills portion in order for it to meet requirements. Find CPR classes through MPTC or on the American Heart Association website.

*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:**

Danielle Rhoads, Student Health Requirement Representative

Phone: 262-335-5738

Fax: 262-335-5916

Email: [drhoads1@morainepark.edu](mailto:drhoads1@morainepark.edu)