

## MCC HEALTH CAREERS: IMMUNIZATION REQUIREMENTS

This document is for reference only. Submit an electronic copy of the original up-to-date documents through Viewpoint Screening after program admission. **PLEASE KEEP YOUR ORIGINALS.**

**ITEM A: Tuberculin (TB)** - Date and proof of the appropriate records within the last year.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Negative PPD **OR** Documentation from health care provider  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Negative Chest X-ray

**ITEM B: Influenza Vaccine (Flu)** - Date and proof of the appropriate records

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Flu vaccination guidelines state that the immunization is good through the season until June 30th following that season. A new flu vaccine will be required for the following season/year beginning typically in September and is good until the end of the following June.)

**ITEM C: Hepatitis B** - Date and proof of the appropriate records

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Completion dates of first Hep B vaccine series  
of 3 doses

**AND** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive Hep B titer (also needed)

\*\* (Individuals who have a negative Hepatitis B titer after completing the Hep B vaccine series, must have another series of the vaccine (3 shots) and repeat titer - total of 6 shots and 2 titers.) If a student has a second negative titer, they are considered compliant with the requirements, but remain susceptible to Hepatitis B.

**ITEM D: TETANUS** - Date and proof of the appropriate records (Must have been within last 10 years) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ITEM E: \*\*Rubella (German measles)** - Date and proof of one of these appropriate records

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive rubella titer **OR** dates of two doses of  
MMR

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date

**ITEM F: \*\*Rubeola (German measles) - Date and proof of one of the appropriate records**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive rubeola titer **OR** dates of two doses of  
MMR

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date

**ITEM G: \*\*Mumps - Date and proof of one of the appropriate records**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive mumps titer **OR** dates of two doses of MMR

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date

\*\*A part of MMR [measles {Rubeola}, mumps, and Rubella). If a killed measles vaccine was given from 1963 until 1967 and a killed mumps vaccine from 1950 until 1978 then the killed vaccines should be considered ineffective and repeated when antibody tests show the individual is susceptible. If you have questions, please ask your doctor.

**ITEM H: Chicken Pox/Varicella - Date and proof of one of the appropriate records (two doses of Varicella)**

First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR** Positive Varicella Titer \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **OR** Documentation by physician of disease history with supporting dates.

**ITEM I: Covid-19 Vaccine- Date and proof of vaccination(s)**

Vaccine Manufacturer: \_\_\_\_\_

First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Many of the health care agencies which Montcalm Community College is affiliated with, for providing the necessary educational and practical experience to students in the Nursing & Health Careers programs, require that participants in clinicals and practicums receive a COVID-19 vaccination. If you are unable to receive the COVID-19 vaccination due to medical or religious reasons, students will be permitted to request an exemption.

### **Montcalm Community College Health Occupations CPR/BLS Requirements**

Nursing Students – CPR Healthcare Provider (BLS) only is required

**CPR Healthcare Provider (BLS) - must be awarded through American Heart Association**