

HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubella, Mumps, & Rubella)

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires two doses.

If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are POSITIVE, showing immunity to <u>each</u> disease, upload a copy of the lab results. Options to meet this requirement:

Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.
 OR

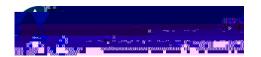
documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have student full name.

B. Varicella(Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best

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Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses.

Please Note: All documentation is required to have student full name.

C. Tetanus/Diphtheria/Pertussis



To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider.

Follow the steps below:

Step 1

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- 2. Review result

*Positive - consider TB infected, no second TST needed; evaluate for TB disease ev31.9 () [4 (t)0.7] 4 (t)0.7]



vaccine series administered over a 6 month period. Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is recommended but not mandatory.

Students may choose to decline the hepatitis B vaccine; however, lack of immunity to hepatitis B means that students remain at risk of acquiring the disease.

Options to meet this requirement:

- 1. Submit a copy of laboratory documentation of a positive HbsAb titer. OR
- 2. Upload a copy of your immunization record, showing completion of the two dosage Hepatitis B injections or three dosage Hepatitis B injections. If the series is in progress, upload a copy of





Name:	Student ID:			Date:
Cell Phone:	Home Phone		Email:	
the following to be CPR certification and	in compliance with Maricop	pa Community ent through th	College requirement e semester of enroll	rd, etc.) as indicated for each its. Fingerprint clearance car ment or duration of practicul ent Policies handbook for
,	s/Rubella, Mumps and Ru pof of One MMR series.	ubella): Requir	es documented prod	of of a positive IgG MMR titer
MMR vaccination OR	n: Dates: #1	#2		
2. Date & titer resul	ts:			
Mumps:				
B. Varicella(Chick series.	kenpox)Requires document	ed proof of po	sitive IgG titer or do	cumented proof of Varicella
	vaccination dates: #1 results of varicella IgG titer:			
10 years or more sin 1. Tdap vaccine: OR	ce Tdap vaccination Date:	must provide į	proof of a ontime Td	ap vaccination and Td booste
D. TuberculosisDo	•			not received a TB test within 3 test; an initial TB skin test a
a second TB skin tes	t 1-3 weeks apart. After cor	npletion of the	2-step, an annual u	odate of TB skin test is

sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature

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completed within the previous six (6) months.

of healthcare provider.





M. Clearance for Participation in Clinic Practice It is essential that allied health