

# **Medical Assisting Program**

#### **Student Immunization Information**

Students must provide proof of the following immunizations in order to attend the lab course and a practicum at area facilities.

#### Proof of immunizations due within the first month of the program.

## **Required Immunizations:**

*Tuberculosis* screening. **ONE** of the following is required:

- (a) 2-step TST (two separate Tuberculin Skin Tests, aka PPD tests)

  1st test in the last 12 months and 2nd test within a month of the first day of class
- (b) One QuantiFERON Gold blood test with negative result

#### *Measles (Rubeola), Mumps and Rubella* requirement. <u>ONE</u> of the following is required:

- (a) Proof of two MMR vaccinations, OR
- (b) Proof of immunity: Rubeola, Mumps, AND Rubella Titers (blood test) with "reactive" result.

#### *Tdap* requirement:

- (a) Proof of one Tdap vaccination within the past 10 years.
- (b) If Tdap is more than 10 years old, student will need additional Td or Tdap.

#### Varicella (Chicken Pox) requirement. ONE of the following is required:

- (a) Proof of two Varicella vaccinations, OR
- (b) Proof of immunity: Varicella Titer (blood test) with a "reactive" result.

#### *Flu* Vaccination requirement:

(a) Proof of current influenza vaccination from September 1 – April 30

### *Hepatitis B* requirement: <u>ONE</u> of the following required:

- (a) Documentation of two or three-series Hepatitis B vaccinations <u>AND</u> a Hepatitis B Surface Antibody Titer (blood test) with "Reactive" result. (Individuals with "non-reactive" or "gray Zone" results will need a Hep B booster), OR
  - (b) Hepatitis B Surface Antibody titer with "Reactive" result.

*Covid-19* vaccination requirement dependent upon type of vaccine. Completion of one or two vaccinations given at the recommended intervals along with the required booster:

- (a) Proof of two (2) COVID-19 vaccinations. (Pfizer or Moderna)
- (b) Proof of one (1) COVID-19 vaccination. (Johnson and Johnson)
- (c)Proof of Covid booster vaccination

Recommended immunizations suggested by the CDC and the state health department: **HPV**, **Meningococcal and Hepatitis A.** Consult your provider to make an informed decision.

#### **Direct questions regarding immunizations to:**

Tanya Mathys, Program Director, Practicum Coordinator

Email: tmathys@btech.edu Phone: 435-750-3047

Bear River Health Department immunization link: https://brhd.org/forms/records-release-form/

<sup>\*</sup>Any titer with non-immune or gray results will need a Booster shot(s) or repeat of the series