

Immunizations and Certifications required by Clinical Sites for most Wake Tech Curriculum Health Science Programs:

HEPATITIS B	Documentation of 3 doses, or Positive, <u>Quantitative</u> Hep B Surface Antibody Titer (copy of titer lab report preferred), or Hep B Declination Form
MMR - Measles, Mumps, Rubella	Documentation of two doses of MMR, or Positive, <u>Quantitative</u> IgG MMR Titers (copy of titer lab reports preferred). History of the disease is not acceptable
VARICELLA – Chicken Pox	Documentation of two doses or Positive, <u>Quantitative</u> IgG Varicella Titer (copy of titer lab report preferred). History of the disease is not acceptable
TDAP – Pertussis	One <i>adult</i> dose of Tdap (includes pertussis) Must be dated within 10 years of the first day of semester (Adacel or Boostrix brand)
INFLUENZA – seasonal flu injection (not nasal mist)	Required annually by October 1
TUBERCULOSIS SCREENING	<u>2-Step Tuberculosis Skin Testing</u> or <u>2 annual negative TSTs</u> (most recent skin test must be dated within 12 months of the first day of semester); or <u>ONE (1) negative IGRA/TB Gold blood test report</u> ; or , if <u>positive TST history</u> then (a) document showing positive skin test + (b) negative chest x-ray report + (c) TB Screening Form **Skin Tests must include millimeter reading even if "0"**
AMERICAN HEART ASSOCIATION BLS PROVIDER CERTIFICATION	<u>Signed</u> copy of <u>American Heart Association</u> BLS Provider card
HEALTH INSURANCE COVERAGE	Copy of Health Insurance card – must have student's name on card or proof as dependent
WAKE TECH PHYSICAL EXAM FORM	Provided at Orientation
DOCUMENTATION WILL BE UPLOADED TO CASTLEBRANCH ONLINE MEDICAL RECORDS ACCOUNT	

ALL DOCUMENTATION MUST HAVE HEALTHCARE PROVIDER OR MEDICAL FACILITY NAME AND FULL ADDRESS ON EACH PAGE