

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

<b>HEPATITIS B</b>	Documentation of complete series of Hep B doses, <b>or</b> Positive, Hep B Surface Antibody Titer (copy of titer lab report required), <b>or</b> Hep B Declination Form
<b>MMR - Measles, Mumps, Rubella</b>	Documentation of two doses of MMR, <b>or</b> Positive, <u>IgG MMR Titers</u> (copy of titer lab reports required). History of the disease is not acceptable
<b>VARICELLA – Chicken Pox</b>	Documentation of two doses of Varicella, <b>or</b> Positive, <u>IgG Varicella Titer</u> (copy of titer lab report required). History of the disease is not acceptable
<b>TDAP – Pertussis</b>	One <i>adult</i> dose of Tdap (includes pertussis) - (Adacel or Boostrix brand). If Tdap is older than 10 years a Tetanus booster is also required
<b>Covid-19 Completed Original 1 or 2 dose Series And Covid Booster shot when eligible</b>	Mandated by clinical sites. There are no exemptions
<b>INFLUENZA – seasonal flu injection (not nasal mist)</b>	Required annually by October 1
<b>TUBERCULOSIS SCREENING</b>	<p><b>One of the following completed within the past 12 months is required:</b></p> <p>One negative TB Gold/IGRA/or T-Spot blood test (lab report required)</p> <p><b>OR,</b></p> <p>Two negative TB Skin Tests administered 1 week to 3 weeks apart (most recent skin test must be dated within 12 months of the first day of the semester) Skin Tests must include millimeter reading even if “0”</p> <p>** If you have had a positive TB test, submit (a) document showing positive test <b>and</b> (b) negative chest x-ray report <b>and</b> (c) a symptom free TB Screening Form</p>
<b>TB Risk Assessment &amp; Attestation Form</b>	Required Annually
<b>AMERICAN HEART ASSOCIATION BLS PROVIDER CERTIFICATION</b>	Copy of <u>American Heart Association</u> BLS for Healthcare Providers Card (Red Cross cards are not accepted by sites)
<b>HEALTH INSURANCE CARD and Certification of Coverage Form</b>	Copy of Health Insurance card – must have student’s name on card or proof as a covered dependent.
<b>WAKE TECH PHYSICAL EXAM FORM</b>	Form is provided after acceptance

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