## **Immunizations & TB Testing Required for Clinical Compliance - MLT**

	MMF	R – Measles/Mumps/Rubella
*Hist	tory o	f the disease is not acceptable
	•	Documentation of 2 doses of MMR  OR
	•	Positive IgG MMR titers (copy of titer lab reports for all 3 components are required)
	Varic istory	ella of the disease is not acceptable
•	Do	cumentation of 2 doses of Varicella <u>OR</u>
•	Pos	sitive IgG antibody titer (copy of titer lab report required)
□ <sub>t</sub>	Нера	titis B
•	Do	cumentation of 2-doses of Heplisav-B  OR
•	Do	cumentation of 3-doses of Engerix-B or Recombivax HB OR
•	Ар	oositive Hep B Surface Antibody Titer Lab Report OR
•	De	clination Waiver Form
□ <b>(</b>		d-19 Vaccination – not required at this time ccination requirements are always subject to change

□т	DAP – Tetanus + Pertussis		
	*Must be dated within 10 years of the first day of the semester		
•	One Adult dose of Tdap (includes Pertussis)		
•	Brand name = Adacel or Boostrix		
•	If Tdap is over 10 years old, then original Tdap plus Tetanus Booster shot is required – scan together and upload as 1 file		
☐ Influenza – seasonal flu injection			
•	Required annually by October 1		
	*Nasal mist is not accepted		
T Rene	uberculosis Testing for Program Entry <u>AND Annual</u>		
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• <u>Two negative TB skin tests</u> administered 1 week to 3 weeks apart (This requires 4 visits to the healthcare provider)

**OR** \*If you have had a positive TB test you are required to submit the positive TB test document (if available), a clear chest x-ray report, and a Record of TB Screening Form completed by the healthcare provider. Upload multi-page documents together as 1 file.