



## Vaccination Policy

Medical Assisting	Licensed Practical Nursing	Patient Care Specialist
Chickenpox (history of disease, dates of vaccinations, or results from titer)	Varicella (Chickenpox) – titer result	PPD (Tuberculin Test) – Date and result
Measles, Mumps, and Rubella (dates of vaccinations or results from titer)	Measles, Mumps, and Rubella –titer results	
PPD (Tuberculin Test) – Date and result *If positive PPD, list date and results of chest x-ray. If chest x-ray is positive, list date of ABT regimen and type of medication	DPT (Date of last booster)	
Tetanus – If over 10 years since last done, or if unknown booster is needed.	PPD (Tuberculin Test) – Date and result. Must be updated yearly. *If positive PPD, list date and results of chest x-ray. If chest x-ray negative, student must complete follow up TB questionnaire yearly. If chest x-ray is positive, list date of ABT regimen and type of medication, and complete follow up TB questionnaire yearly.	
Hepatitis B – (Form provided if choosing not to have done)	Tetanus – If over 10 years since last done, or if unknown booster is needed.	
	Hepatitis B – Vaccination history and titer. Titer must be < 5 years old and the value must exceed 10 milliunits/ml. If student refuses Hep B immunization, waiver must be signed	

**Dental Assisting, Licensed Practical Nursing, Medical Assisting, Medical Office Professional, and Patient Care Specialist Programs:** Physical must be completed by the end of the fourth week of the program.

**Certified Nurse’s Aide Program (West Haven only):** Physical must be completed by the end of the second week of the program.

The *Physical Exam & Immunization Form* is not valid if older than three (3) months prior to the start date of the program.

The PPD will need to be completed again if it expires before completing the program.