

MCC HEALTH CAREERS: IMMUNIZATION REQUIREMENTS

This document is for reference only. Submit an electronic copy of the original up-to-date documents through ImmuniTrax after program admission. **PLEASE KEEP YOUR ORIGINALS.**

ITEM A: Tuberculin (TB) - Date and proof of the appropriate records within the last year.

____ / ____ / ____ Negative PPD **OR** Documentation from health care provider ____ /
____ / ____ Negative Chest X-ray

ITEM B: Influenza Vaccine (Flu) - Date and proof of the appropriate records ____ / ____ /

(Flu vaccination guidelines state that the immunization is good through the season until June 30th following that season. A new flu vaccine will be required for the following season/year beginning typically in September and is good until the end of the following June.)

ITEM C: Hepatitis B - Date and proof of the appropriate records

____ / ____ / ____ Completion dates of first Hep B vaccine series
of 3 doses

AND ____ / ____ / ____ Positive Hep B titer (also needed)

**(Individuals who have a negative Hepatitis B titer after completing the Hep B vaccine series, must have another series of the vaccine (3 shots) and repeat titer - total of 6 shots and 2 titers.) If a student has a second negative titer they are considered compliant with the requirements, but remain susceptible to Hepatitis B.

ITEM D: TETANUS - Date and proof of the appropriate records (Must have been within last 10 years) ____ / ____ / ____

ITEM E: **Rubella (German measles) - Date and proof of one of these appropriate records

____ / ____ / ____ Positive rubella titer **OR** dates of two doses of
MMR

____ / ____ / ____ First Dose Date ____ / ____ / ____ Second Dose Date

ITEM F: **Rubeola (Hard measles) - Date and proof of one of the appropriate records

____ / ____ / ____ Positive rubeola titer **OR** dates of two doses of
MMR

____ / ____ / ____ First Dose Date ____ / ____ / ____ Second Dose Date

ITEM G: **Mumps - Date and proof of one of the appropriate records

____ / ____ / ____ Positive mumps titer **OR** dates of two doses of MMR

____ / ____ / ____ First Dose Date ____ / ____ / ____ Second Dose Date

****A part of MMR [measles {Rubeola}, mumps, and Rubella]. If a killed measles vaccine was given from 1963 until 1967 and a killed mumps vaccine from 1950 until 1978 then the killed vaccines should be considered ineffective and repeated when antibody tests show the individual is susceptible. If you have questions, please ask your doctor.**

ITEM H: Chicken Pox/Varicella - Date and proof of one of the appropriate records (two doses of Varicella)

First Dose Date ____ / ____ / ____ Second Dose Date ____ / ____ / ____

OR Positive Varicella Titer ____ / ____ / ____ **OR** Documentation by physician of disease history with supporting dates.

ITEM I: Covid-19 Vaccine- Date and proof of vaccination(s)

Vaccine Manufacturer: _____

First Dose Date ____ / ____ / ____ Second Dose Date ____ / ____ / ____

Many of the health care agencies which Montcalm Community College is affiliated with, for providing the necessary educational and practical experience to students in the Nursing & Health Careers programs, require that participants in clinicals and practicums receive a COVID-19 vaccination. If you are unable to receive the COVID-19 vaccination due to medical or religious reasons, students will be permitted to request an exemption.

Montcalm Community College Health Occupations CPR/First Aid Requirements

Nursing Students – CPR Healthcare Provider (BLS) only is required

Medical Assistant Students – Both CPR Healthcare Provider (BLS) AND First Aid are required prior to the start of AHEA 126

Other Allied Health students are not required to be CPR and/or First Aid certified.

CPR Healthcare Provider (BLS)—must be awarded through American Heart Association (effective January 1, 2015)