



## HEALTH AND SAFETY REQUIREMENTS

### A. MMR (Measles/Rubella, Mumps, & Rubella)

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires two doses.

If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are POSITIVE, showing immunity to each disease, upload a copy of the lab results.

#### Options to meet this requirement:

1. Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.

OR

documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

**Please Note: All documentation is required to have student full name.**

### B. Varicella(Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best



## Allied Health STUDENT HEALTH AND SAFETY DOCUMENTATION CHECKLIST

Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses.

Please Note: All documentation is required to have student full name.

### C. Tetanus/Diphtheria/Pertussis



# Allied Health STUDENT HEALTH AND SAFETY DOCUMENTATION CHECKLIST

## To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider.

Follow the steps below:

### Step 1

1. Administer 2-step TBST (20 mg PPD-RT23 and 5 TU PPD-RT23) (42.09) 2004 fee 0782 DCT (1) 0211. (14) (10) 5 (04) (1.32) 5 (0) 5 (1) 10
2. Review result

\*Positive - consider TB infected, no second TST needed; evaluate for TB disease ev319 ( ) J4 (t) 0.7y2.



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vaccine series administered over a 6 month period. Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is recommended but not mandatory.

Students may choose to decline the hepatitis B vaccine; however, lack of immunity to hepatitis B means that students remain at risk of acquiring the disease.

### Options to meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer.  
OR
2. Upload a copy of your immunization record, showing completion of the two dosage Hepatitis B injections or three dosage Hepatitis B injections. If the series is in progress, upload a copy of







**Allied Health STUDENT HEALTH AND SAFETY  
DOCUMENTATION CHECKLIST**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

*Must attach documentation (copies of lab reports, immunization records, CPR card, etc.) as indicated for each of the following to be in compliance with Maricopa Community College requirements. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment or duration of practicum experiences. See "Explanation of Requirements" in the Allied Health Shared Student Policies handbook for specific detail.*

A. MMR (Measles/Rubella, Mumps and Rubella): Requires documented proof of a positive IgG MMR titer or documented proof of One MMR series.

1. MMR vaccination: Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
OR

2. Date & titer results:

Booster: \_\_\_\_\_  
Measles: \_\_\_\_\_  
Mumps: \_\_\_\_\_  
Rubella: \_\_\_\_\_

B. Varicella(Chickenpox)Requires documented proof of positive IgG titer or documented proof of Varicella series.

1. Varicella vaccination dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_ OR  
2. Date & results of varicella IgG titer: Date: \_\_\_\_\_ Result: \_\_\_\_\_

C. Tetanus/Diphtheria/Pertussis (Tdap): You must provide proof of a onetime Tdap vaccination and Td booster if 10 years or more since Tdap vaccination

1. Tdap vaccine: Date: \_\_\_\_\_  
OR  
2. Td booster: Date: \_\_\_\_\_

D. TuberculosisDocumentation is required for all tests. For individuals who have not received a TB test within the past year, will need to receive a 2-Step TB test. This consists of two separate TB test; an initial TB skin test and a second TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantIFERON test or negative chest X-ray and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed within the previous six (6) months.

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.







## Allied Health STUDENT HEALTH AND SAFETY DOCUMENTATION CHECKLIST

M. Clearance for Participation in Clinical Practice  
It is essential that allied health