Phlebotomy Program Application

Program Description:

The Phlebotomy Program prepares students for a career as a Phlebotomist. Phlebotomy is a one academic quarter, 9 credit course of instruction. Phlebotomy graduates are eligible to participate in the ASCP certification examination (Route 2) for certification as a Phlebotomy Technician.

A Phlebotomy Technician draws blood from patients or donors in hospitals, blood banks, or similar facilities for analysis or other medical purposes: Assembles equipment, such as tourniquet, needles, disposable containers for needles, blood collection devices, gauze, cotton, and alcohol on work tray, according to requirements for specified tests or procedures. Verifies or records identity of patient or donor and converses with patient or donor to allay fear of procedure. Applies tourniquet to arm, locates accessible vein, swabs puncture area with antiseptic, and inserts needle into vein to draw blood into collection tube or bag. Withdraws needle, applies treatment to puncture site, and labels and stores blood container for subsequent processing. May conduct interviews, take vital signs, and draw and test blood samples to screen donors at blood bank. Phlebotomists also collect medical specimen samples other than blood as directed.

Working Environment:

Phlebotomists generally work a 5-day, 40-hour week that may include weekends. Shift work may be required if you work in the hospital. Part-time employment is often available. Other places of work include outpatient laboratories, blood banks and occupational health. Phlebotomists spend a lot of time walking and standing.

Personal Characteristics:

Being a Phlebotomy Technician requires the ability to multi-task and use critical thinking skills. Prospective students should possess personal integrity, have the ability to pay close attention to detail, be conscientious, and orderly. Physical requirements include the ability to either sit or stand for long periods of time. The nature of the career requires adequate vision, hearing and manual dexterity.

Employment Opportunities:

According to the U.S. Bureau of Labor statistics, “Employment of phlebotomists is projected to grow 25 percent from 2016 to 2026, much faster than the average for all occupations. Hospitals, diagnostic laboratories, blood donor centers, and other locations will need phlebotomists to perform bloodwork.”

In Washington State, the Employment Security Department estimates that demand for medical assistants will continue to increase, with job openings corresponding to a 2.3% annual growth rate projected between 2016 and 2026.
Accommodations for Students with Disabilities

Walla Walla Community College complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Information regarding student accommodations may be obtained by contacting Bobbie Sue Arias, Ph.D., Coordinator of Disability Support Services, Walla Walla Community College, 500 Tausick Way, Walla Walla, WA 99362. Walla Walla campus: (509) 527-4262, bobbiesue.arias@wwcc.edu; or Clarkston campus: Heather Markwalter, 509.758.1721, heather.markwalter@wwcc.edu. The Section 504 Coordinator is responsible for monitoring and implementing the district’s compliance with state and federal laws prohibiting disability discrimination. Sherry Hartford, Vice President of Human Resources, (509)527-4382, serves as the Section 504 Officer.

Equal Opportunity Statement

Walla Walla Community College District No. 20 (WWCC) is committed to provide equal opportunity and nondiscrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990 and any other applicable Federal and Washington State laws against discrimination. Sherry Hartford, Vice President of Human Resources (509)527-4382, has Affirmative Action/Equal Opportunity, Title IX Coordinator and Section 504 Compliance program responsibility. The College’s TDD number is (509) 527-4412.

Marijuana Use: Although the State of Washington passed a law that legalized personal use of marijuana, it is essential that students realize that Washington’s system of legalized marijuana does not preempt federal law. Federally, Marijuana is illegal. It is listed as a Schedule I drug which is defined as drugs, substances, or chemicals with no currently accepted medical use and a high potential for abuse. Clinical agencies are bound by Federal Law with regards to Marijuana use. As guests at our clinical agencies, we are bound by this same policy. If a student tests positive for Marijuana metabolites, the student will be immediately dismissed from WWCC Allied Health Courses.

Drug Testing: Although the WWCC Health Science Division does not conduct drug testing without cause, students placed at some clinical agencies will be required to submit to a mandatory urine drug screening test before Day 1 of clinical or at any subsequent time as requested.

Clergy Act Statement:
Revised 11-2016

Reasonable Accommodations for Religion/Conscience:
Reasonable Accommodations for Religion/Conscience: Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made within the first two weeks of the quarter and should follow the procedures listed in the Student Rights & Responsibilities section of the Academic Catalog.
PHLEBOTOMY TECHNICIAN PROGRAM
APPLICATION PROCESS

**Step 1:** If you have never attended Walla Walla Community College, you **must** first apply to the college. You can apply on our website at [www wwcc edu](http://www.wwcc.edu). You must complete this step at least 48 hours before proceeding to Step 2.

**Step 2:** Contact the Testing Center for placement testing information: (509) 758-1772. Applications should include your placement test results. Our department will interpret placement level. You may also provide a transcript with college level coursework and the department will determine eligibility.

**Step 3:** Read this application packet thoroughly, and begin to fill out the application packet.

**Step 4:** Meet with an advisor. Call 509-758-1720 to schedule an advising appointment.

**Step 5:** Research funding sources!
- Worker Retraining (509)751-4058.
- Workfirst (509)751-4058 or (509)758-1261 (For those receiving the TANF Grant).
- Workforce Training (509)751-4058 or (509)758-1261.
- Basic Food, Employment, and Training (BFET) (509)751-4058.
- Financial Aid (509) 758-1700.

**Step 6:** Submit to an Americhek, Inc. background investigation by paying a **NON-refundable fee of $37** to the WWCC Business Office and be sure to obtain a receipt. Attach your receipt to the completed Phlebotomy Program application packet and submit both the receipt and the completed application packet (together) to the Health Science Division office.

In order to take this course you must have permission from the Health Science Division. If the student qualifies, and there is space available, the student will then be granted permission to take the course and the Health Science Division will register you for this course. Applications are considered on a “first-come, first-served” basis.

**Payment for the course must be made by the college designated date or you will be withdrawn from your class by the Registrar.**

**Step 7:** **Immunization form:** provide documentation on the attached form: “Student Vaccination and Tuberculosis Screening Requirements”. Please read form and follow directions carefully.
THINGS TO CONSIDER…

- We recommend you do not delay in beginning the application process. Only applicants who have completed steps 1-6 will be considered for this program. Please check with the Health Science Division for application deadlines at (509) 758-1702.

- If you have children or others you care for, begin early planning for necessary care, with a back-up plan when needed.

- Have dependable transportation as you will need to travel to clinical sites.

- Be aware that absence / tardy policies are very strict in the Phlebotomy Technician program.
PROGRAM INFORMATION

Upon successful completion of this course the student is eligible to sit for examination and certification with the American Society of Clinical Pathologists. A Phlebotomist –collects, - handles and -transports blood specimens for analysis.

Phlebotomy Program is 9 credits.

**Course Content Overview (meets requirement of Route 2 ASCP Program)**
- Orientation to a full-service lab
- Phlebotomy techniques
- Medical terminology related to lab
- Anatomy and physiology
- Legal Issues
- Quality assessment and improvement
- Infection control
- Safety/Emergency Procedures
- Rules & Regulations

**Requirements upon Acceptance:**
- Submit proof of current required vaccinations prior to the start of Phlebotomy program.
- Attend all classes and labs-60 hours. Attend all clinical-120 hours
- Demonstrate proficiency in identified clinical skills
- Pass examinations
- Complete 100 successful vein punctures
- Complete 25 successful skin punctures
- Observe 5 arterial punctures
PHLEBOTOMY PROGRAM APPLICATION

PLEASE CLEARLY PRINT INFORMATION

Last Name ___________________________________ First Name ______________________________ MI_____
Mailing Address _____________________________ City ______________________ State _____ Zip _____________
Home Phone ___________________________ Cell Phone _____________________ Mess Phone _______________________

Student ID# (if known) __________________________

Date of Birth _______________________________ Email address _____________________________________

Initial each space below validating that you have met the requirement and attached documentation as requested.

_____ 18 years of age or older (attach copy of identification)

_____ Attach the placement test score sheet OR a college transcript showing completion of a READING or ENGLISH course equivalent (transfer-level) ________

_____ High School Diploma or equivalent (attach documentation)

_____ Personal narrative (type and attach)

_____ Signed DSHS Secretary’s List of Crimes and Negative Actions Form

_____ Filled out and signed attached Criminal Background Check forms

_____ Full range of motion of all joints & normal manual and finger dexterity

If you are accepted into this program you will be required to submit proof of the “Student Vaccination and Tuberculosis Screening Requirements”. Please read form and follow directions carefully.

______________________________________________________  _____________
Applicant Signature        Date
Please type a description of your skills and abilities that would help you in your work as a Phlebotomist. Describe your reasons for applying to the Phlebotomy Program.

Include personal characteristics and qualifications that you possess which are necessary in a professional environment and make you well-suited for the program.

The personal narrative should be no more than two pages in length. Be sure to sign and date your statement.
Background Authorization & Disclaimer

Our department policy is to first screen with Americhek, Inc. A second background check is conducted through the Washington State Patrol (WSP). In the event your criminal history reports result with findings that prevent you from working with vulnerable adults, you will be notified by phone and by letter. Consequently, this would prevent you from completing the class.

With my signature below I authorize Walla Walla Community College to:

- Release all criminal background information to the clinical facility in order to facilitate the process of my enrollment in the Phlebotomy program.
- Share information between Americhek, Inc., the clinical facility, the Walla Walla Community College Health Science Coordinator, instructors and advisors that are directly involved in my educational plan.

I understand that my ability to attend the clinical portion of this course is contingent upon the results of the Americhek, Inc., and WSP investigations. Furthermore, I understand that these background check investigations are valid for six (6) months from the date the form is submitted.

Printed Name of Applicant

Signature of Applicant  Date Signed
Crimes:
A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

If "(5 or more years)" or "(3 or more years)" appears after a crime, the person cannot be in a position to be left alone with a vulnerable adult unless 5 or more years or unless 3 or more years has passed since the date of the conviction.

After 5 or 3 years has passed, an overall assessment of the person’s character, competence, and suitability to have unsupervised access will determine denial.

Abandonment of a child
Abandonment of a dependent person
Abuse or neglect of a child
Arson 1
Assault 1
Assault 2
Assault 3
Assault 4/simple assault (3 or more years)
Assault of a child
Burglary 1
Child buying or selling
Child molestation
Commercial Sexual Abuse of a Minor/Patronizing a juvenile prostitute
Communication with a minor for immoral purposes
Criminal mistreatment
Custodial assault
Custodial interference
Custodial misconduct
Dealing in depictions of minor engaged in sexual explicit conduct
Endangerment with a controlled substance
Extortion
Forgery (5 or more years)
Incest
Indecent exposure/Public indecency (Felony)
Indecent liberties
Kidnapping
Malicious harassment
Man slaughter
Murder/Aggravated murder
Promoting pornography
Promoting prostitution 1
Prostitution (3 or more years)
Rape
Rape of child
Registered sex offender
Robbery
Selling or distributing erotic material to a minor
Sending or bringing into the state depictions of a minor
Sexual exploitation of minors
Sexual misconduct with a minor
Theft 1
Theft 2 (5 or more years)
Theft 3 (3 or more years)
Unlawful imprisonment
Vehicular homicide (negligent homicide)

Violation of child abuse restraining order
Violation of the Impaired Controlled Substance Act
Violation of Uniform Controlled Substance Act
Violation of Uniform Legend Drug Act
Violation of Uniform Precursor Drug Act
Voyeurism

Pending Crime - A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.

Negative Actions are considered under individual program law and may lead to denial of unsupervised access to vulnerable adults.
A negative action is an administrative or civil action taken against an individual and may include:

- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding.
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Relinquishment of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding
- A protection order issued under chapter 74.34 RCW. (A conviction for violation of a protection order issued under chapter 74.34 RCW is evidence that a protection order was issued).

Updated 03/18/2013

By my signature below, I attest that all information shared in this document is true and correct:

________________________________________________
Print Name
________________________________________________   __________________________
Signature        Date
In connection with my participation at clinical training site(s) as a student of WALLA WALLA COMMUNITY COLLEGE ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for student training-related purposes. Criminal Background Check results will be sent to selected clinical agencies upon their request. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that my consent will apply throughout my time as a student of Walla Walla Community College, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” prepared pursuant to 15 U.S.C. Section 1681-1681u. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by Walla Walla Community College to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Americhek, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 300-A, Mission Viejo, CA 92691, (949)768-4434. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name (Full Legal Name): ___________________________________________________________

(First)   (Middle)          (Last) 

Other Names Known By: __________________________________________________________

Social Security Number: _____-____-_____  Date of Birth: _____/_____/_____

Current Address: ___________________________________________________________________

City: ______________________________ State: _______ ZIP: ______________

Drivers License Number: ______________________________ State: __________________

By my signature, I attest that I have reviewed all information provided in this document and that all information I have provided about myself is true and correct.

Applicant Signature: ______________________________ Date: ___________________
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you - - such as if you pay your bills on time or have filed bankruptcy - - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 – 1681u, at the Federal Trade Commission’s web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - - such as denying an application for credit, insurance, or employment - - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless you dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - - to which it has provided the data - - or any error.) The CRA must give you a Written report of the investigation does not resolve the dispute; you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - - such as a creditor who reports to a CRA - - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not five out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future list. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.
The FCRA gives several different federal agencies authority to enforce the FCRA:

<table>
<thead>
<tr>
<th>FOR QUESTIONS OR CONCERNS REGARDING:</th>
<th>PLEASE CONTACT</th>
</tr>
</thead>
</table>
| CRAs, creditors and others not listed below | Federal Trade Commission  
Consumer Response Center – FCRA  
Washington, DC 20580  
1-877-382-4367 (Toll Free) |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name) | Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693 |
| Saving associations and federally chartered savings banks (word “Federal: or initials “F.S.B. appear in federal institution’s name) | Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929 |
| Federal credit unions (words “Federal Credit Union” appear in institution’s name) | National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission | Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture  
Office of Deputy Administrator – GIPSA  
Washington, DC 20250  
202-720-7051 |
### Phlebotomy Course Estimated Tuition, Fees and Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (9 credits, resident)</td>
<td>$1,120.41</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>$35.00</td>
</tr>
<tr>
<td>Skills Practice Supplies Fee</td>
<td>$75.00</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$18.75</td>
</tr>
<tr>
<td>Sub-total (tuition &amp; fees)</td>
<td>$1,249.16</td>
</tr>
<tr>
<td>Background Check Fee (minimum)</td>
<td>$37.00</td>
</tr>
<tr>
<td>Required Books (estimated)</td>
<td>$99.00</td>
</tr>
<tr>
<td>Scrub Uniform Top (1)</td>
<td>$22.95</td>
</tr>
<tr>
<td>Pants/Uniform (1)</td>
<td>$22.95</td>
</tr>
</tbody>
</table>

These items are available at the Walla Walla Community College bookstore.

**Reflects Walla Walla Community College bookstore pricing

\textit{Pricing does not include tax.}

**Costs subject to change.**

***Tuition rates expected to change.***
## Walla Walla Community College Health Science Education
### Vaccination and Tuberculosis Screening Requirements

Each section must be completed and signed by your healthcare provider

Page 1

### STUDENT NAME: ___________________________ DATE OF BIRTH: __________________

### Nursing: TB screening must be completed AFTER June 1 each year of the program.

### Medical Assisting: TB screening must be completed AFTER August 10.

### Other programs: TB screening must be completed prior to enrollment.

### M. tuberculosis Screening:
Persons entering Nursing Core Courses at Walla Walla Community College are required to receive baseline screening prior to entering the program, using two-step Tuberculosis Skin Testing (TST) to test for infection with *M. tuberculosis*. If the first-step TST result is negative, the second-step TST should be administered 1-3 weeks after the first TST result was read. A second-step TST is not required if the person has a documented TST result from any time during the previous 12 months.

Interferon-Gamma Release Assays (IGRAs) can be used in place of (but not in addition to) TST in all situations in which CDC recommends TST.

Persons with a baseline positive or newly positive result for *M. tuberculosis* infection or documentation of treatment for Latent TB Infection (LTBI) or TB disease will need one chest (x-ray) radiograph result and documentation of treatment to exclude TB disease.

Persons with a positive skin test or positive IGRAs, but have a negative chest (x-ray) radiograph result will need to submit radiograph results and an annual TB Symptom Screening Form (to the right) signed by both the student and healthcare provider.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm)

### First-Step TST (Tuberculosis Skin Test):

- Date/time placed: ______________ Signature, Title, Agency: __________________
- Result: ____mm. Date/time read: ______________ Sig., Title, Agency: __________________

### Second-Step TST:

**TST tests must be administered 1-3 weeks after First-Step**

- Date/time placed: ______________ Signature, Title, Agency: __________________
- Result: ____mm. Date/time read: ______________ Sig., Title, Agency: __________________

**or**

### Interferon-Gamma Release Assay (IGRAs)

- Date of Blood Draw: ______________ Results: __________________
- Signature, Title, Agency: __________________

**or**

### Chest X-ray (if required)

- Date: ______________ Results: __________________
- Signature, Title, Agency: __________________
- • Attach Radiology Report
- • If Chest X-ray is completed prior to June 1 (Nursing), August 10 (Medical Assisting), or more than one year ago for other programs, you must complete the Annual TB Screening Form below.

### SECOND YEAR OF THE PROGRAM (Nursing only):

**One-Step TST**

- Date/time placed: ______________ Signature, Title, Agency: __________________
- Result: ____mm. Date/time read: ______________ Sig., Title, Agency: __________________

**or**

### Interferon-Gamma Release Assay (IGRAs)

- Date of Blood Draw: ______________ Results: __________________
- Signature, Title, Agency: __________________

**or**

### ANNUAL TB SYMPTOM SCREENING FORM for those with previous Chest X-ray (see below).

### ANNUAL TB SYMPTOM SCREENING FORM

Required annually ONLY for those with prior Chest X-ray/positive TST/IGRAs.

Must be signed by student AND healthcare provider

- Date of Last Chest X-ray: ______________

**SIGNS/SYMPTOMS SCREENING (Yes/No).** If none of these symptoms are present, an updated chest x-ray is not necessary.

- ____ Lethargy/weakness
- ____ Coughing up blood
- ____ Fever
- ____ Unexpected weight loss
- ____ Loss of appetite
- ____ Chest pain
- ____ Sputum-producing cough
- ____ Night sweats
- ____ Swollen glands

- [ ] I am tuberculon positive. I have had the recommended course of treatment for Tuberculosis infection (LTBI).
- [ ] I have had one negative chest x-ray since becoming tuberculon skin test positive.
- [ ] If I develop any of the above symptoms, I agree to seek immediate medical attention.

Student signature ______________ Date ______________

Healthcare provider signature ______________ Date ______________
STUDENT NAME: ___________________________   DATE OF BIRTH: ___________________________

### Varicella (Chicken Pox)
Due to clinical agency requirements, **effective Fall 2016 physician diagnosis is no longer acceptable for proof of immunity**. Students must provide documentation of 2 doses of varicella vaccine given at least 28 days apart or laboratory evidence of immunity.

<table>
<thead>
<tr>
<th>Vaccination Dates:</th>
<th>Signature, Title, Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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</table>

**OR**

Laboratory evidence of immunity:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Signature, Title, Agency: ___________________________

### Measles, Mumps, Rubella (MMR)
Documentation of either 2 doses of Measles and Mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine, or laboratory evidence of measles, mumps and rubella immunity.

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<td></td>
<td></td>
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</tbody>
</table>

Signature, Title, Agency: ___________________________

### Tetanus-Diphtheria-Pertussis (Tdap)
Must have a 1-time dose of Tdap. Must have a Td booster every 10 years.

Tdap Date: ___________________   Signature, Title, Agency: ___________________

Td Booster Date (if applicable): ___________________   Signature, Title, Agency: ___________________

### Hepatitis B Vaccine
Series of 3 vaccines completed at 0-, 1-, and 6-month and post vaccination titer at 6-8 weeks after series completion.

Minimum entry requirement: Series initiated and on schedule. Must complete series and titer prior to beginning the fourth quarter of the program.

#### Students with a negative titer (anti-HBs<10mIU/mL):
You may must complete and additional series of 3 vaccines completed at 0-, 1-, and 6-month and post vaccination titer at 6-8 weeks after series completion.

#### Negative titer after both series:
Consult with your clinical instructor on additional precaution that will need to take part in the clinical setting.

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**AND**

Post Vaccination Titer (Mandatory for Nursing and Medical Assisting students):

Date: _____________ Results: _____________ Signature, Title, Agency: _____________

If titer is negative (anti-HBs <10mIU/mL), please provide proof of an additional series of HepB vaccine, followed by anti-HBs testing 1-2 months later.

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**AND**

Post Vaccination Titer:

Date: _____________ Results: _____________ Signature, Title, Agency: _____________

If titer is STILL negative (anti-HBs <10mIU/mL), please consult with your instructor and review CDC recommendations. [http://www.immunize.org/askexperts/experts_hepb.asp](http://www.immunize.org/askexperts/experts_hepb.asp)

### Influenza
1 dose of the most current influenza vaccine annually.

Date: _____________ Signature, Title, Agency: _____________

SECOND YEAR OF THE PROGRAM (Nursing students only):

Date: _____________ Signature, Title, Agency: _____________