

OTD 1ST Year Requirement Guidelines

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
MEASLES MUMPS RUBELLA	Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) OR				

COVID-19 VACCINE BOOSTER	Documentation of COVID-19 Booster	Before 08/15/24 Or within 14 days of becoming eligible	Booster due 6 months after COVID-19 vaccine is completed.	Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider

PRE-CLINICAL MANDATORIES

Program: _____

College of Nursing and Health Sciences

Student Name: _____ Date of Birth: ____/____/____ Cell phone#: (____)____-____
 Last Name First Name Middle Initial mm dd yr

Part 1: Everything must be filled out by your licensed health care provider on this UVM form **ONLY Copies of Medical Records/Labs will NOT be accepted.**

VACCINE NAME	DATES OF VACCINATION	OR DATES OF POSITIVE TITERS (BLOOD TEST) OR DISEASE HISTORY
TDAP		Not applicable

Tdap in last 10 yrs. If you have not had a Tdap and your last Td is more than two yrs.

HEPATITIS B #1: ____/____/____

	mm dd yr	(initials)	mm dd yr
MMR (Measles, Mumps, Rubella)	#1 ____/____/____		
*2 doses of MMR vaccine			mm dd yr
*First dose must be after 1st birthday	#2 ____/____/____		
*Minimum 4 wks between doses			mm dd yr

(diter required with 3 doses)

Pos. Rubella Titer: ____/____/____

VARICELLA (CHICKEN POX)	#1 ____/____/____		
*2 doses of Varicella vaccine	mm dd		
*Minimum 4 wks between doses	#2 ____/____/____		
**Titer required with history of disease.	mm dd		

(No titer required if two doses were given)

Disease History: ____/____/____
(if documented) mm dd yr

AND
Positive Varicella Titer: ____/____/____
mm dd yr

HEALTH CARE PROVIDER'S SIGNATURE (Required): I certify that this student has received the immunizations or has laboratory evidence of immunity as indicated on this page.

Signature and Credentials	Printed Name	Date
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Office phone number	Office Fax Number
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The information included on this form may be released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.

Name
Date of Birth
Program/Graduation Year

TWO-STEP PPD REQUIREMENTS

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

2 Step PPD - Tuberculin Skin Test - BCG vaccine does not preclude the need for PPD testing or chest x-ray.

1) Date given:

Date read:

Results (mm):

Name
Student ID#
Date of Birth
Program/Graduation Yr

THIS FORM IS TO BE COMPLETED BY YOUR LICENSED HEALTHCARE PROVIDER. YOU MUST HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER. COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

Hepatitis B Booster AND 2nd Titer Required

Booster Date: _____ Initials: _____ Titer #2 (1 - 2 months after booster) Date: _____ Initials: _____
(Dose #4)
Circle result: Positive Negative Indeterminate

****IMPORTANT** If your booster titer result above is negative or indeterminate, you are required to repeat the full series of Hepatitis B doses and titer. Heplisav-B vaccine series is accepted below:

Hepatitis B (Complete this only if titer above is negative or indeterminate)

EnPerix
Twinrix (Hep A & B)

OR

Hepatitis B (Complete this only if titer above is negative or indeterminate)

Heplisav

Dose #5 date: zzzzzzzz /v]š] o•W zzzzzzzzzz

Dose #5 date: zzzzzzzzzz /v]š] o•W zzzzzzzzzz

3RD TITER (Required after either series above)

š W _____

Circle result: positive negative indeterminate

Health Care Provider Initials: _____

Licensed Health Care Provider Attestation

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being unable to progress in his/her major at the University of Vermont.

Signature of Licensed Health Care Provider

Credentials

Date

Name:
Date of Birth:
Program / Graduation Year:
Date: _____

CNHS ANNUAL HEALTH INSURANCE REQUIREMENTS

Proof of Health Insurance Form - Submit this for ~~AND~~ a copy of insurance card ANNUAL

*The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance. It is your responsibility to resubmit your insurance if there are any changes during the academic year

Subscriber/Member ID

Primary Subscriber's Name

Insurance Carrier _____

Subscriber's Relationship to You

It is MANDATORY that you scan and upload this for ~~AND~~

Frequently Asked Questions

General Questions

Q: What are CNHS Mandatories?

A: CNHS Mandatories are college requirements that include proof of immunizations, health insurance, CPR, HIPAA/OSHA training, program memberships, etc. that all students need to fulfill to take part in clinical education. Depending on the requirements of your clinical placement site, there may be additional requirements to fulfill such as a physical exam, drug screen, background check or additional PPD test.

Q: How do I submit my documentation?

A: The College of Nursing and Health Sciences partners with an online compliance tracking company called 'CastleBranch' to manage student mandatories. CNHS students submit required records to CastleBranch.com. Benefits associated with this service include secure holding and transfer of personal information, website accessibility 24/7 and lifetime access to personal immunization documents. Once you register and set up your account you will use the same account for the length of time you are in the College of Nursing and Health Sciences. Instructions for submitting your program mandatories in CastleBranch will be emailed to you. Note: UVM's Center for Health and Wellbeing will not submit your documents for you. It is your responsibility to bring the CNHS forms with you to your appointments and to submit your completed documents to CastleBranch.com.

Q: What happens if I can't submit my mandatories by the deadline?

A: It is imperative that you plan ahead to ensure that your mandatories are completed by the deadline. If you fail to submit your mandatories by the deadline, you may be required to retake the course or face other consequences.

Q: How do I find out about upcoming CPR classes?

A: CNHS offers AHA BLS CPR courses at least twice per semester. You will receive email notices regarding how to sign up through <http://vtsafetynet.com/> for upcoming CPR course dates.

Q: How do I register for a CPR class?

A: After you receive notification of the course date, you can register for the course through the American Heart Association at the link <http://vtsafetynet.com/> and follow the prompts for registration. The course takes approximately 2.5 hours and requires in-class instruction. There is no on-line portion of the course. The course offered is \$45 and is a substantially discounted cost for UVM students.

HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?

A: You are required to complete *annual* HIPAA and OSHA on-line trainings offered by Evolve e-learning . OSHA training includes courses such as Bloodborne Pathogens, and Personal Protective Equipment. Information regarding these trainings will be emailed to you.

HEPATITIS B VACCINATIONS AND TESTING– READ CAREFULLY

Vaccinations and testing for immunity for Hepatitis B can be a lengthy process because of the time you have to wait between doses and titers. Please do not wait to begin testing for immunity for this requirement.

Q: What is a titer?

A: A titer is a blood test to determine whether a vaccination has provided immunity against the disease. Titer results should be positive to indicate immunity.

Q: What if my first Hepatitis B titer is negative

Q: My Varicella titer is indeterminate or negative. What should I do?

A: If your Varicella titer is indeterminate or negative, you are required to have two Varicella vaccinations. After receiving the vaccinations, no further action is needed.

PPD

Q: What is a PPD?

A: It is a Tuberculin Skin Test.

Q: If I have a PPD Skin Test and it is positive, what should I do?

A: *First time positive only:* You will need to be assessed to determine why the skin test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review done by your healthcare provider and chest x-ray. You will need to submit a copy of the radiology report, the Symptom Checklist form, and the PPD form signed by your healthcare provider to CastleBranch.

Q: If I have a *history* of a positive PPD, what should I do?

A: Do not get another PPD skin test because this will continue to result as a positive. Instead, ask your healthcare provider to perform a TB symptom review. Bring your TB Symptom Checklist form to your appointment for the healthcare provider to fill out and sign. You will need to submit your Checklist in CastleBranch.

Q: What if I have difficulty getting an appointment with my doctor for my PPD?

A: You often do not need a full office visit appointment for the placement and reading of your PPD. Ask if a nurse can place/read your PPD instead. Walk-in clinics and pharmacies will also provide these services.

Influenza Vaccination

Q: Am I required to get a flu shot?

A: Yes, as a CNHS student you are required to receive an annual influenza vaccination both to protect yourself, and also to protect the patients with whom you come into contact. Influenza vaccinations should be received in October/November in order to protect you through the spring.

COVID-19 Vaccination

Q: Am I required to get a COVID-19 vaccination?

A: Yes, you are required to have a complete COVID-19 vaccination OR have a documented health or religious exemption.

COVID-19 Booster Vaccination

Q: Am I required to get a COVID-19 booster vaccination?

A: Yes, you are required to have a COVID-19 booster vaccination OR have a documented health or religious exemption. Booster is due 6 months after the completed COVID-19 vaccination.

Additional Questions

Q: Is my insurance form and card an annual requirement?

A: Yes, each year you are required to submit the form and a copy of your insurance card to CastleBranch even if your information has not changed. You are also required to submit any insurance changes throughout the academic year to CastleBranch.

Q: How will I know when my mandatories have been completed?

A: Is it your responsibility to keep track of the documents that you submit to ensure you have met all requirements. You will know your mandatories are complete when all document trackers on your CastleBranch account display a green check mark. Take action to complete any requirement they reject.

It is your responsibility to coordinate and maintain compliance and record keeping. The program will facilitate coordination to clinical sites, but this does not eliminate the need for you to be able to make available complete and updated requirements at any time.

Q: Which requirements need to be done annually?

A: HIPAA/OSHA training,