NURSING ASSISTANT CERTIFIED PROGRAM

Immunization Tutorial

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Required Immunizations, Titer & Program Info Titer is also know as a Blood Test

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MMR (MEASLES, MUMPS RUBELLA)

<u>MMR</u>

There are two different ways to meet this requirement:

■ Provide proof of 2-vaccinations with date.

OR

- Provide proof of Measles immunity by titer AND
- Provide proof of Mumps immunity by titer **AND**
- Provide proof of Rubella immunity by titer.

VARICELLA (CHICKEN POX)

VARICELLA

There are two different ways to meet this requirement:

■ Provide of vaccination with date (2-doses administered at least 4-weeks apart).

OR

Provide proof of Varicella immunity by titer

HEPATITIS B (HEP B)

HEPATITIS B (Hep B) PART 1

- Provide proof of 3-prior vaccines completed at appropriate time intervals AND your Hepatitis B Surface Antibody titer results.
 - Please submit both requirements together as one document to action titled "Hepatitis B" in CastleBranch.

OR

If you cannot locate your prior Hepatitis B records, then submit you're <u>Hep</u> B Surface Antibody titer results to action titled "**Hepatitis B**".

For assistance with this requirement please contact program manager, Lamont Thomas at 425.564.2627 or lamont.thomas@bellevuecollege.edu

TUBERCULOSIS (TB)

Tuberculosis (TB)

There are two different ways to meet this requirement:

- Provide 2-step PPD Skin test with read & confirmation dates:
- 1st Step: receive PPD injection/shot and test area is observed/read in millimeters.
- o **2nd Step**: (two weeks later) receive PPD injection/shot and test area is observed/read in millimeters.

OR

Provide proof of non-active Tuberculosis titer by <u>QuantiFERON TB</u>
 <u>GOLD test</u>. (ask your physician for details).

Tuberculosis (TB) | CONTINUED

There are two different ways to meet this requirement:

- Provide proof of non-active Tuberculosis titer by <u>QuantiFERON TB</u>
 <u>GOLD test</u>. (ask your physician for details).
- o If negative (non-active) titer, then requirement is completed.
- If positive (active) titer, then you must provide a chest X-ray. (ask your physician for details).

For assistance with this requirement please contact program manager, Lamont Thomas at 425.564.2627 or lamont.thomas@bellevuecollege.edu

TDAP (TETANUS, DIPHTHERIA, PERTUSSIS)

TDAP

This is a one part requirement:

■ Provide proof of 1-vaccination with date. (*required vaccination must be after age 11*).

INFLUENZA (FLU)

INFLUENZA

This is a one part requirement:

- Provide proof of seasonal vaccination.
- Summer cohort not required due to out of season vaccine.
- Fall, Winter & Spring cohorts require vaccination.

Nursing Assistant Certified Program (NAC)

- Contact program manager for NAC application assistance:
 - Lamont Thomas: Contact Email Account | 425.564.2627

- Check NAC Application page for updated program information:
 - NAC Application Instructions

WE APPRECIATE YOUR TIME AND INTEREST IN OUR NAC PROGRAM HERE AT BELLEVUE COLLEGE.

THANK YOU!