

Bellevue College Neurodiagnostic Technologist Program

It is the student's responsibility to ensure that adequate documentation of the listed requirement is provided.

Documentation is required to ensure the health and safety of students and clients in health care agencies that provide clinical learning experience.

#	Requirement	Acceptable Documentation
1	Tuberculosis (TB) Test	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Negative Tuberculin Skin Test (two-step PPD Test) Result -A copy of two-step PPD test results within the past 12 months (two injections and two readings given three weeks apart). -If you had a <u>positive PPD test</u>, you must provide documentation of treatment/chest x-ray and current clearance from physician. This letter must be dated within six (6) months. <p>OR</p> <ul style="list-style-type: none"> ➤ Annual PPD Test -A copy of your current annual PPD test and a previous year's PPD test. <p>OR</p> <ul style="list-style-type: none"> ➤ TB IGRA (QuantiFERON blood test) <p>If positive TST or history, chest x-ray with symptom check and possible treatment of absence of active TB.</p>
2	Hepatitis B (HepB)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Complete 3 dose series of Hepatitis B vaccines -A copy of three (3) HepB vaccines. Please note that it takes 5 to 6 months to complete all three series. <p>AND</p> <ul style="list-style-type: none"> ➤ Positive Hepatitis B titer test result -A copy of HepB Antibody titer (blood test) result.
3	Measles, Mumps, Rubella (MMR)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Two (2) doses of MMR vaccines -A copy of two MMR vaccines. <p>OR</p> <ul style="list-style-type: none"> ➤ Positive Measles, Mumps, and Rubella titer results -A copy of Measles, Mumps and Rubella titer results.
4	Tetanus/Diphtheria/Pertussis (Tdap)	<ul style="list-style-type: none"> ➤ Tetanus/Diphtheria vaccine -Copy of Tdap vaccine/booster within the past 8 years. -Tdap dose after age 18
5	Varicella (Chicken Pox)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> ➤ Two doses of Varicella vaccines -A copy of two Varicella vaccines. <p>OR</p> <ul style="list-style-type: none"> ➤ Positive Varicella titer result -A copy of Varicella titer result.

****Please keep a copy of your immunizations for your personal file.**