

Northeast Wisconsin Tech College-Medical Asst - 5009129

Requirement	Health Portal Requirement
COVID-19	<p> + </p> <p>If you have received the COVID-19 vaccination, provide documentation using the Wisconsin Immunization Registry: https://www.dhfs.wisconsin.gov/immunization/registries/clientsearch</p> <p>OR</p> <p>provide documentation of your COVID-19 vaccine by submitting any state immunization registry record, clinic/hospital system immunization record, or U.S. Military immunization record.</p> <p>If you have not received the COVID-19 vaccination due to Religious reason, complete the Declination Waiver by clicking the link below. Download, complete, and submit the COVID-19 Declination Waiver form.</p> <p>OR</p> <p>If you have not received the COVID-19 vaccination due to Medical reason, email cbc@nwtc.edu to request more information.</p> <p>Your COVID-19 vaccine card will not be accepted for proof of the vaccination. If you received a 2 vaccine series, both doses must be submitted at the same time for approval</p> <p>RENEWAL Declination Waiver must be renewed annually by November 1st.</p>
CPR Certification	<p>Submit your American Heart Association BLS Provider CPR certification</p> <p>American Red Cross or other non-AHA organizations will NOT be accepted. This includes organizations that "Meet AHA guidelines."</p> <p>RENEWAL Certification is valid for 24 months.</p>
First Aid	<p>American Heart Association HeartSaver First Aid course</p>
Hepatitis B	<p> + </p> <p>ONE of the following are required:</p> <p>3 vaccinations</p> <p>OR</p> <p>a positive antibody titer (lab report required, numeric and reference range preferred)</p> <p>OR</p> <p>a signed declination waiver</p> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series or titer.</p>

	<p>The Wisconsin Immunization Registry is acceptable documentation for your Immunizations: Wisconsin Immunization Registry: [Immunization Record Search]</p> <p>Note for Students: The Hepatitis B Vaccine should be administered according to the following schedule:</p> <p>Vaccine 1: Birth or Anytime Vaccine 2: at least 1 month after vaccine 1 Vaccine 3: at least 5 months after vaccine 2</p>
Influenza	<p> + </p> <p>Submit documentation of a flu vaccine administered during the current flu season.</p> <p>OR</p> <p>If you have not received the flu vaccination due to Religious reason, complete the Declination Waiver by clicking the link below. Download, complete, and submit the Influenza Declination Waiver form.</p> <p>OR</p> <p>If you have not received the flu vaccination due to Medical reason, email cbc@nwtc.edu to request more information.</p> <p>RENEWAL</p> <p>Declination Waiver must be renewed annually by October 1st. Flu vaccination renewal date will be set for November 1st.</p>
MMR	<p> + </p> <p>ONE of the following is required:</p> <p>2 vaccinations (Vaccinations can be a combined MMR vaccination, however if individualized vaccinations are submitted you MUST submit 2 vaccinations for Mumps, 2 vaccinations for Measles and 2 vaccinations for Rubella.)</p> <p>OR</p> <p>a positive antibody titer (lab report required, numeric and reference range preferred) for all 3 components.</p> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series or titer.</p> <p>If the titer is negative or equivocal, you must submit a repeat series (1 MMR can be administered at any time and 1 MMR must be after titer was administered)</p> <p>OR</p> <p>you must submit booster and repeat titer.</p> <p>Note for Students: The MMR Vaccine should be administered according to the following schedule:</p> <p>Vaccine 1: Birth or Anytime Vaccine 2: at least 1 month after vaccine 1</p>
Tdap	<p> + </p>

	<p>Submit documentation of one of the following:</p> <p>a Tdap vaccine administered within the past 10 years</p> <p>OR</p> <p>a Tdap vaccine administered within your lifetime AND Td booster(s) administered within the past 10 years</p> <p>RENEWAL The renewal date will be set for 10 years from the most recent vaccine. ALL vaccines must be provided.</p>
<p>Technical Standards</p>	<p>Complete and submit page 2 of the document</p> <ul style="list-style-type: none"> â€¢ Initial both lines as indicated â€¢ Sign and date â€¢ Clearly print your name and student id â€¢ If you are under the age of 18, a parental signature is required
<p>Tuberculosis Test</p>	<p> + </p> <p><u>One</u> of the following is completed within the past 12 months is required:</p> <p>Baseline</p> <p>2-Step TB Test (TST) (administered 1 to 3 weeks apart)</p> <p>OR</p> <p>Single Blood Assay Test IGRA (QuantiFERON Gold or T-Spot).</p> <p>If positive TB skin test, get QuantiFERON Gold, T-Spot Blood Test, or chest x-ray. If QuantiFERON Gold or T-Spot is positive, then a clear chest x-ray is required.</p> <p><i>For those with a history of TB disease or LTBI, an initial post-positive chest X-ray and symptom evaluation is required to rule out TB disease. Follow-up will be determined by the facility.</i></p> <p>Annual Renewal</p> <p>Renewal date will be set for 12 months.</p> <ul style="list-style-type: none"> • Completion of an Annual TB Risk Assessment Questionnaire. <ul style="list-style-type: none"> ○ If you answered YES to any of the questions, you fall into a high-risk group and will be required to have a blood assay or chest x-ray.

	<ul style="list-style-type: none"> ○ The Questionnaire form and an acceptable TB Test Document must be submitted. Submitting the Questionnaire form alone is not acceptable and will be rejected. <p>Notes</p> <p><u>Administered and read dates must be displayed to be acceptable.</u></p> <ul style="list-style-type: none"> • There must be 48-72 hours between when the TB test is Administered and Read for it to be accepted. • Students MUST wait a minimum of 4 weeks BEFORE beginning their TB testing after the MMR vaccine is administered (the MMR contains a live virus which could interfere with the response of TB testing solution).
<p>Varicella</p>	<p> + </p> <p>ONE of the following are required:</p> <p>2 vaccinations OR a positive antibody titer (lab report required, numeric and reference range preferred) *documents only stating "immune" is not sufficient</p> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series or titer.</p> <p><u>Note for Students:</u> The Varicella Vaccine should be administered according to the following schedule: Vaccine 1: Birth or Anytime Vaccine 2: at least 1 month after vaccine 1</p>