NortheastWisconsinTechCollege-NursingAsst-K12 - 5009139

| Requirement | Health Portal Requirement |
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| | + |
| COVID-19 | If you have received the COVID-19 vaccination, provide documentation using the Wisconsin Immunization Registry: <u>https://www.dhfswir.org/PR/clientSearch.do?language=en</u> OR 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. 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 <u>COVID-19 Declination Waiver</u> form. OR |
| | If you have not received the COVID-19 vaccination due to Medical reason, email <u>cbc@nwtc.edu</u> to request more information. |
| | 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 |
| | RENEWAL |
| | Declination Waiver must be renewed annually by November 1st. |
| Hepatitis B | + |
| | ONE of the following are required: |
| | 3 vaccinations |
| | OR a positive antibody titer (lab report required, numeric and reference range preferred) OR |
| | a signed declination waiver |
| | 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. |
| | The Wisconsin Immunization Registry is acceptable documentation for your Immunizations: Wisconsin Immunization Registry: [Immunization Record Search] |
| | Note for Students: The Hepatitis B Vaccine should be administered according to the following schedule: |
| | Vaccine 1: Birth or Anytime Vaccine 2: at least 1 month after vaccine 1 Vaccine 3: at least 5 months after vaccine 2 |

| | Complete and submit page 2 of <u>the document</u> |
|----------------------|--|
| Technical | • Initial both lines as indicated |
| Standards | $\hat{a} \in \phi$ Sign and date |
| | • Clearly print your name and student id |
| | • If you are under the age of 18, a parental signature is required |
| | + |
| | One of the following is completed within the past 12 months is required: |
| | Baseline |
| | 2-Step TB Test (TST) (administered 1 to 3 weeks apart) |
| | OR |
| | Single Blood Assay Test IGRA (QuantiFERON Gold or T-Spot). |
| | 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. |
| | 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. |
| Tuberculosis Test | |
| | Annual Renewal |
| | Renewal date will be set for 12 months. |
| | • Completion of an <u>Annual TB Risk Assessment Questionnaire</u> . |
| | 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. |
| | • The Questionnaire form and an acceptable TB Test Document must be submitted. Submitting the Questionnaire form alone is not acceptable and will be rejected. |
| | Notes |
| | Administered and read dates must be displayed to be acceptable. |
| | • 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). |