

Northeast Wisconsin Tech College-DentalAsst - 5009123

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/pr/clientSearch.do?language=en</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>
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>
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.) OR 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) OR 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>
Tuberculosis Test	<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. ○ 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).
Varicella	<p> + </p> <p>ONE of the following are required:</p> <p>2 vaccinations</p> <p>OR</p>

a positive antibody titer (lab report required, numeric and reference range preferred) *documents only stating "immune" is not sufficient

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.

Note for Students:

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