

## Northeast Wisconsin Tech College-DMS - 5009125

Requirement	Health Portal Requirement
COVID-19	<p> + </p> <p>If you have received the COVID-19 vaccination, provide documentation using the <b>Wisconsin Immunization Registry</b>: <a href="https://www.dhfs.wisconsin.gov/PR/clientSearch.do?language=en">https://www.dhfs.wisconsin.gov/PR/clientSearch.do?language=en</a></p> <p><b>OR</b></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 <b>have not</b> received the COVID-19 vaccination due to <b>Religious</b> reason, complete the Declination Waiver by clicking the link below. Download, complete, and submit the <a href="#">COVID-19 Declination Waiver</a> form.</p> <p><b>OR</b></p> <p>If you <b>have not</b> received the COVID-19 vaccination due to Medical reason, email <a href="mailto:cbc@nwtc.edu">cbc@nwtc.edu</a> to request more information.</p> <p><b>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</b></p> <p><b>RENEWAL</b>  <b>Declination Waiver must be renewed annually by November 1st.</b></p>
CPR Certification	<p>Submit your <b>American Heart Association</b> 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><b>RENEWAL</b>            Certification is valid for 24 months.</p>
Hepatitis B	<p> + </p> <p>ONE of the following are required:</p> <p><b>3 vaccinations</b></p> <p><b>OR</b></p> <p><b>a positive antibody titer</b> (lab report required, numeric and reference range preferred)</p> <p><b>OR</b></p> <p><b><a href="#">a signed declination waiver</a></b></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: <a href="#">[Immunization Record Search]</a></p> <p><b>Note for Students:</b>          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.  <b>OR</b>          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 <a href="#">Influenza Declination Waiver</a> form.  <b>OR</b>          If you have not received the flu vaccination due to Medical reason, email <a href="mailto:cbc@nwtc.edu">cbc@nwtc.edu</a> to request more information.</p> <p><b>RENEWAL</b>          Declination Waiver must be renewed annually by October 1<sup>st</sup>.          Flu vaccination renewal date will be set for November 1<sup>st</sup>.</p>
MMR	<p> + </p> <p>ONE of the following is required:</p> <p><b>2 vaccinations</b> (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.)  <b>OR</b>  <b>a positive antibody titer</b> (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)  <b>OR</b>          you must submit booster and repeat titer.</p> <p><b>Note for Students:</b>          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><b>a Tdap vaccine administered within the past 10 years</b></p> <p>OR</p> <p><b>a Tdap vaccine administered within your lifetime AND Td booster(s) administered within the past 10 years</b></p> <p><b>RENEWAL</b> 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><b>Baseline</b></p> <p><b>2-Step TB Test (TST) (administered 1 to 3 weeks apart)</b></p> <p>OR</p> <p><b>Single Blood Assay Test IGRA (QuantiFERON Gold or T-Spot).</b></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><b>Annual Renewal</b></p> <p>Renewal date will be set for 12 months.</p> <ul style="list-style-type: none"> <li>• Completion of an <a href="#">Annual TB Risk Assessment Questionnaire</a>. <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ The Questionnaire form and an acceptable TB Test Document must be submitted. Submitting the Questionnaire form alone is not acceptable and will be rejected.</li> </ul> </li> </ul>

	<p><b>Notes</b></p> <p><u>Administered and read dates must be displayed to be acceptable.</u></p> <ul style="list-style-type: none"> <li>• There must be 48-72 hours between when the TB test is Administered and Read for it to be accepted.</li> <li>• Students <b>MUST</b> wait a minimum of 4 weeks <b>BEFORE</b> 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).</li> </ul>
<p>Varicella</p>	<p> + </p> <p>ONE of the following are required:</p> <p><b>2 vaccinations</b> OR <b>a positive antibody titer</b> (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>