

# Northeast Wisconsin Tech College-Dental Hygiene - 5009124

Requirement	Health Portal Requirement
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>
Dental Exam	<p>Submit documentation of your latest dental exam provided by your dentist</p>
Hepatitis B	<p> + </p> <p>ONE of the following are required:</p> <p><b>3 vaccinations</b> OR <b>a positive antibody titer</b> (lab report required, numeric and reference range preferred) OR <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>
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 <b>MUST</b> submit 2 vaccinations for Mumps, 2 vaccinations for Measles and 2 vaccinations for Rubella.) OR <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) 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><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>.</li> </ul>

	<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> <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 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).</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>