

Montcalm Community College Health Careers--*Once accepted into the nursing program these are the health requirements that will be required to maintain a seat in the nursing program. Students are encouraged to start working on this process ahead of time.*

This document is for reference only. KEEP YOUR ORIGINALS

ITEM A: Tuberculin (TB) - Date and proof of the appropriate records within the last year
____/____/____ Negative PPD- OR -

Documentation from Health Care Provider ____/____/____ Negative Chest X-ray

*TB tests are only valid for a year and will need to be repeated each year to continue within the program

ITEM B: Influenza Vaccine(Flu) - Date and proof of the appropriate records ____/____/____

* Flu vaccination guidelines state that the immunization is good through the season until June 30th following that season. A new flu vaccine will be required for the following season/year beginning typically in September and is good until the end of the following June.

ITEM C: Hepatitis B - Date and proof of the appropriate records

____/____/____ Completion date of first Hep B vaccine

____/____/____ Completion date of second Hep B vaccine

____/____/____ Completed the Hep B vaccine series

AND ____/____/____ Positive Hep B titer (also needed)

ITEM D: TETANUS - Date and proof of the appropriate records (Must have been within last 10 years)

____/____/____

ITEM E: Rubella (German measles)*- Date and proof of one of these appropriate records

____/____/____ Positive rubella titer – OR

Dates of two doses of MMR -

____/____/____ First Dose Date ____/____/____ Second Dose Date

ITEM F: Rubeola (Hard measles)*- Date and proof of one of the appropriate records

____ / ____ / ____ Positive rubeola titer - OR

Dates of two doses of MMR - ____ / ____ / ____ First Dose Date

____ / ____ / ____ Second Dose Date

ITEM G: Mumps*- Date and proof of one of the appropriate records

____ / ____ / ____ Positive mumps titer -- OR

Dates of two doses of MMR - ____ / ____ / ____ First Dose Date

____ / ____ / ____ Second Dose Date

ITEM H: Chicken Pox/Varicella - Date and proof of one of the appropriate records

Dates of two doses of Varicella – ____ / ____ / ____ First Dose Date

____ / ____ / ____ Second Dose Date -OR-

____ / ____ / ____ Positive Varicella Titer -OR-

Documentation by physician of disease history with supporting dates ____ / ____ / ____

* A part of MMR (measles{Rubeola}, mumps, and Rubella). If a killed measles vaccine was given from 1963 until 1967 and a killed mumps vaccine from 1950 until 1978 then the killed vaccines should be considered ineffective and repeated when antibody tests show the individual is susceptible. If you have questions please ask your doctor.

Individuals who have a negative Hepatitis B titer after completing the Hep B vaccine series, must have another series of the vaccine (3 shots) and repeat titer. Total of 6 shots and 2 titers.

Montcalm Community College Health Occupations CPR/First Aid Requirements

Nursing Students – CPR Healthcare Provider (BLS) only is required

Emergency Medical Technician Students- CPR Healthcare Provider (BLS) only is required

Medical Assistant Students – Both CPR Healthcare Provider (BLS) AND First Aid are required prior to the start of AHEA 126

Other Allied Health students are not required to be CPR and/or First Aid certified.

CPR Healthcare Provider (BLS)—must be awarded through American Heart Association (effective January 1, 2015)