CARROLL COMMUNITY COLLEGE

IMMUNIZATION REQUIREMENTS FOR DIVISION OF HEALTH SCIENCES

All immunization requirements MUST be uploaded to Exxat and accepted by their reviewers for a student to remain in good standing in the program. Failure to meet deadlines may result in termination from the program. Each program sets its own deadlines. Refer to the acceptance letter.

ALL students must meet the immunization requirements. Exceptions for health restrictions (pregnancy, immunotherapy treatments, etc. must be documented and signed by the treating physician) and will be considered on a case-by-case basis.

Upon acceptance in the nursing program, the following requirements are required to be completed and accepted by Exxat:

Hepatitis B

- Proof of the 3-dose series of injections is required. If you have not had the series and choose not to do it at this time, you must complete the Hepatitis B Immunization Waiver Form.
- If you start the series, upload the information to Exxat for the first injection and update your record as you receive the remaining shots. You must sign the Hepatitis B Immunization Wavier Form if you are in process.

Influenza (Flu)

- Flu shots will not be available until August 15th. Deadline for Exxat approval is October 15.
- This is required before you are allowed to attend clinicals. Failure to comply may lead to dismissal from the program.

MMR and **Varicella** - **Titers are required to show positive immunity**

- Proof of childhood disease is not accepted
- Titers must have been performed within 10 years of starting the program

Tetanus

- You must provide proof of a Tdap vaccination received within 10 years before starting the program. If that 10-year period expires during the program, you must receive an updated vaccination and submit proof.

Tuberculosis

- Proof of a negative QuantiFERON test.
- PPD are no longer accepted.

The information below must be on every submission to Exxat:

- Official letterhead or pharmacy form
- Student name – please ensure your name is on the document
- Description of immunization and date of injection or titer
- Signature of pharmacist/technician/physician