ATHLETIC TRAINING

MANDATORIES INFORMATION

FIRST YEAR MANDATORIES (DUE DATE WILL BE ANNOUNCED IN CLASS)

- HIPAA/OSHA Training – You will complete your training through the Evolve e-Learning Solutions website. You will receive an email with your username and password to log in. Once you receive your username and password, you can log in [here].

SECOND YEAR MANDATORIES DUE August 3, 2016

- Pre-Clinical Mandatories Form
- HIPAA/OSHA Training – Required Annually. [Log in] to the Evolve e-Learning Solutions website to complete your training.
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer Only. You will receive email notification about upcoming CPR training offered by CNHS. You will need to submit a copy of the front and back of your CPR card to Lisa McClintock.

Second year students are required to submit their mandatories to CastleBranch.

THIRD YEAR MANDATORIES DUE JULY 13, 2016

- HIPAA/OSHA Training – Required Annually. [Log in] to the Evolve e-Learning Solutions website to complete your training.
- Health Insurance – Submit updated proof of health insurance information
- CPR Certification – Ensure that your CPR certification will remain valid throughout your clinical experience this year. CPR Certifications are valid for two years. If you completed the training during your second year, it should still be valid.

Third year students are required to submit their mandatories to CastleBranch.

FOURTH YEAR MANDATORIES DUE JULY 13, 2016

- HIPAA/OSHA training – Required Annually. [Log in] to the Evolve e-Learning Solutions website to complete your training.
- Health Insurance – Submit updated proof of health insurance information
- CPR Certification – Renew your certification. CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer Only. You will receive email notification about upcoming training.
CPR training offered by CNHS. You are required to submit a copy of the front and back of your CPR card to CastleBranch.

Fourth year students, submit your forms and required attachments (copy of CPR card with signature and copy of health insurance card and/or Proof of Health Insurance form) to CastleBranch.

Any questions please contact
Lisa McClintock:
Email:
Lisa.McClintock@med.uvm.edu
106 Carrigan Drive, 310 Rowell Bldg.
Burlington, VT 05405
Memorandum

TO: Health Care Provider
FROM: Clinical Education Staff
DATE: April 1, 2015
SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

You are receiving the attached form because your patient is participating in an upcoming clinical experience as part of the academic curriculum for the College of Nursing and Health Sciences (CNHS).

CNHS follows CDC recommendations for health care professionals. Although from a professional standpoint, you may feel that your patient doesn’t need titers, from a health profession standpoint, it is required.

Please take the following action:

- **Complete the attached form in its entirety.** As the licensed health care provider, please make sure to sign and date the last page. Students must submit their requirements on the school form. No lab reports are accepted except for a radiology report if it is the student’s first time with a positive PPD.
- **CNHS students are required to complete a series of 3 Hepatitis B vaccinations, followed by a positive titer.** If the titer is negative or indeterminate, please repeat the full series of 3 doses, followed by another titer. A booster is not acceptable and the series must be repeated. Should the 2nd titer not demonstrate immunity, the student is considered a “non-responder” and please inform them accordingly of their risks for working in the health care field.

If you have any questions/concerns, please contact Cis Dumas at: (802) 656-3014 or cdumas@uvm.edu

Thank you for your assistance in this process.
Name
Student ID#
Date of Birth
Program/Graduation Year
Phone#
Email
Date

Second Year AT PRE-CLINICAL REQUIREMENTS

<table>
<thead>
<tr>
<th>Proof of Health Insurance Form- Submit this form AND copy of insurance card</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance.</em></td>
</tr>
<tr>
<td>Subscriber/Member ID</td>
</tr>
<tr>
<td>Insurance Carrier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>It is MANDATORY that you scan and upload this form AND copy of insurance card to CertifiedProfile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CertifiedProfile</td>
</tr>
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Second Year AT PRE-CLINICAL REQUIREMENTS

### MMR: Measles (Rubeola), Mumps, Rubella

<table>
<thead>
<tr>
<th>Dates of TWO combined shots</th>
<th>OR</th>
<th>Dates of separate shots</th>
<th>OR</th>
<th>Dates and results of lab titers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1 date:</td>
<td></td>
<td>Measles #1 date:</td>
<td></td>
<td>Measles titer date:</td>
</tr>
<tr>
<td>Dose #2 date:</td>
<td></td>
<td>Measles #2 date:</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps #1 date:</td>
<td></td>
<td>Mumps titer date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps #2 date:</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rubella dose date:</td>
<td></td>
<td>Rubella titer date:</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
</tbody>
</table>

### Tetanus - Diphtheria - Pertussis (Tdap)

*If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.*  
**Tdap must be within 10 years.**  
***Do not receive a regular TD Booster! Request that your Primary Care Provider give you a Tdap.**

Date of Tdap: ________________

### Hepatitis B

<table>
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<tr>
<th>Dates of:</th>
<th>OR</th>
<th>Dates of Twinrix (Hep A&amp;B)</th>
</tr>
</thead>
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<tr>
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<td></td>
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</tr>
<tr>
<td>Dose #2 date:</td>
<td></td>
<td>Dose #2 date:</td>
</tr>
<tr>
<td>Dose #3 date:</td>
<td></td>
<td>Dose #3 date:</td>
</tr>
</tbody>
</table>

If doses or titer aren't complete, health care provider must list expected completion date(s)

**TITER REQUIRED**

| AND |
|-----|---|
| Date and results of lab titer |
| Hep B Surface Ab date: ____________ |
| circle result: pos neg indeterminate |
| Health care provider initials/date |
| ________ |

If Hep B titer is negative or indeterminate, you must repeat 3-dose series and titer.  
*A booster is not acceptable, you must repeat series.*  
When done with 2nd series and titer, submit the Hepatitis B Second Series Form
### Varicella

<table>
<thead>
<tr>
<th>Date(s) of disease:</th>
<th>OR</th>
<th>Dates of Varicella vaccine</th>
<th>OR</th>
<th>Date of positive lab titer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Dose #1 date:**

**Dose #2 date:**

Health care provider initials/date

### PPD - Tuberculin Skin Test

*BCG vaccine does not preclude the need for PPD testing or chest x-ray*

<table>
<thead>
<tr>
<th>Date given:</th>
<th>Date read:</th>
<th>Results (mm):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**circle result:** pos neg

### IF FIRST TIME WITH A POSITIVE PPD:

Must have chest x-ray.

Please attach copy of radiology report, and list results.

### IF HISTORY OF A POSITIVE PPD:

1) Obtain TB Symptom Checklist from Department
2) Take the TB Symptom Checklist to your appointment and give to your health care provider to complete

*Please note, depending on your site placement, an updated chest x-ray may also be required if you have a history of a positive PPD*

### Licensed Health Care Provider Attestation

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress** in his/her major at the University of Vermont.

Signature of Licensed Health Care Provider

Credentials

Date

Clinic Stamp or Printed Name of Provider

Provider Telephone Number

### It is MANDATORY that you scan and upload ALL Pages of the Immunization form to CertifiedProfile

**DO NOT SEPARATE PAGES**

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CertifiedProfile.
<table>
<thead>
<tr>
<th>REQUIREMENT:</th>
<th>GUIDELINES:</th>
<th>DUE DATE</th>
<th>EXP. DATE</th>
<th>DOCUMENT REQUIRED:</th>
<th>ADDITIONAL INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASLES, MUMPS, RUBELLA</td>
<td>Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) OR B) Dates of separate shots (2) Measles, (2) Mumps and (1) Rubella shot OR C) positive antibody titers for all 3 components.</td>
<td>Before 06/15/2015</td>
<td>No expiration</td>
<td>Completed on school form</td>
<td>If you have not had a Tdap and your lastTd is more than two years old, you are required to have a Tdap.</td>
</tr>
<tr>
<td>TETANUS, DIPHTHERIA and PERTUSSIS</td>
<td>Tdap within the last ten years.</td>
<td>Before 06/15/2015</td>
<td>10 years after date that Tdap was given</td>
<td>Completed on school form</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) AND a positive antibody titer. Timeline for doses: Receive 1st dose. Receive 2nd dose 1 month later. Receive 3rd dose 6 months from 1st dose; Receive titer 1 to 2 months after 3rd dose.</td>
<td>Before 06/15/2015</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td>If titer is negative or indeterminate, you must repeat 3-dose series and titer. A booster is not acceptable; you must repeat series. When done with 2nd series, submit the Hepatitis B Second Series Form.</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>One of the following is required: A) date of disease OR B) dates of two vaccinations OR C) positive antibody titer</td>
<td>Before 06/15/2015</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td>If the titer is negative or indeterminate and you have already had 2 varicella vaccinations, no further action is needed. If the titer is negative or indeterminate and there is a history of the disease, 2 vaccinations are required.</td>
</tr>
<tr>
<td>TB SKIN TEST</td>
<td>TB Skin Test or Quantiferon Gold test is required.</td>
<td>Before 06/15/2015</td>
<td>Annual requirement</td>
<td>Completed on school form</td>
<td>If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form.</td>
</tr>
<tr>
<td>CPR</td>
<td>One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers OR B) American Red Cross Professional Rescuer ONLY</td>
<td>Before 06/15/2015</td>
<td>Certification must remain valid for entire clinical experience</td>
<td>Copy of front and back of CPR certification card</td>
<td>Certification must remain valid for entire clinical experience.</td>
</tr>
<tr>
<td>PROOF OF HEALTH INSURANCE</td>
<td>Provide a copy of your current health insurance card AND Proof of Health Insurance form</td>
<td>Before 06/15/2015</td>
<td>If your insurance changes, you are responsible for providing updated information</td>
<td>Copy of insurance card or equivalent AND Proof of Health Insurance form</td>
<td></td>
</tr>
<tr>
<td>HIPAA/OSHA TRAINING</td>
<td>Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolvelms.com/lms/uvm/default.aspx">https://www.evolvelms.com/lms/uvm/default.aspx</a></td>
<td>Before 06/15/2015</td>
<td>Annual requirement</td>
<td>No need to submit a document as long as you’ve completed your training online</td>
<td>Training won’t be considered complete unless all sections of the training have been completed.</td>
</tr>
</tbody>
</table>
Please note, some site placements may require additional mandatories such as a physical, criminal background check, or influenza vaccination.

If you visit Student Health for your immunization/serology work, you can request a receipt and file it along with the claim to your insurance company.

It is your responsibility to keep track of whether you have submitted your requirements.

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Cis Dumas – cdumas@uvm.edu.
Hepatitis B Second Series

**THIS FORM IS TO BE COMPLETED ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER**

Everything MUST be ENTIRELY filled out by your licensed health care provider on this UVM-provided form ONLY.

It is your responsibility to review your form for completeness.

**COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of:</td>
<td>OR</td>
</tr>
<tr>
<td>Dose #4 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #5 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #6 date:</td>
<td></td>
</tr>
</tbody>
</table>

**Licensed Health Care Provider Attestation**

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

<table>
<thead>
<tr>
<th>Signature of Licensed Health Care Provider</th>
<th>Credentials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Clinic Stamp or Printed Name of Provider

Provider Telephone Number

**It is MANDATORY that you scan and upload this form to CertifiedProfile**

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your form and submit it to CertifiedProfile

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
Frequently Asked Questions

General Questions

Q: What is a titer?
A: A titer is a blood test to determine whether a vaccination has provided immunity against the disease. Titer results should be positive to indicate immunity.

Q: How do I submit my documentation?
A: 2nd Year Athletic Training students, please submit your mandatories to CertifiedProfile. Please note, UVM Student Health won’t submit your documents for you. You will need to pick up your documents and submit them to CertifiedProfile.

Q: What happens if I can’t submit my mandatories by the deadline?
A: It is imperative that you plan ahead to ensure that your mandatories are completed by the deadline. If you fail to submit your mandatories by the deadline, you will not be able to participate in your clinical experience and your instructor will be notified.

It is important to give yourself plenty of time to complete these requirements.

- Hepatitis B - Receive 1st dose, Receive 2nd dose one month later, Receive 3rd dose six months from 1st dose; Receive titer 1 to 2 months after 3rd dose
- MMR – 28 days in between doses

CPR Certification

Q: What CPR certifications will you accept?
A: American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer

Q: What if my CPR certification will expire during my clinical education experience?
A: It is your responsibility to be aware of your CPR certification expiration date. Your CPR certification is required to be valid for your entire clinical education experience. If your CPR certification will expire during your clinical, please renew it BEFORE your clinical starts and submit an updated copy of the front and back of your CPR card with signature(s).

Q: Will you accept the American Red Cross Challenge Exam for my CPR Certification course?
A: No, the American Red Cross Challenge Exam is not accepted. It serves as a refresher and not a certification course.

Q: How do I find out about upcoming CPR classes?
A: CNHS offers CPR classes at least twice per semester. You will receive email notices regarding how to sign up for upcoming CPR class dates.
Hepatitis B

Q: What if my Hepatitis B titer is negative?
A: If you received a negative Hepatitis B titer, ask your health care provider to revaccinate you with the three dose series. After the series, you will need another titer. You are required to submit updated documentation on the Hepatitis B Second Series form. If you are participating in your clinical experience with a negative titer, please ensure that you have talked with your health care provider about universal precautions to prevent Hepatitis B infection.

Q: How long after my three doses of Hepatitis B vaccinations can I have a titer drawn?
A: The titer should be checked four to eight weeks after your third dose of the Hepatitis B vaccine.

Q: Can I see two health care providers to complete my Hepatitis B series?
A: If you plan to see two health care providers to complete your Hepatitis B series, please ensure that you provide your second health care provider with a completed form showing your most recent doses.

Q: What if my Hepatitis B titers keep showing as negative?
A: If you have completed (2) three dose series of the Hepatitis B vaccinations and your titers are still negative, you are considered to be a non-responder. Talk with your health care provider about precautions to prevent Hepatitis B infection. Please have your health care provider complete the Hepatitis B section of the Pre-Clinical Mandatories form.

Q: What if my Hepatitis B series or titer isn’t complete by the deadline?
A: Please ask your health care provider to note the expected dates of the upcoming doses and/or titer on the Pre-Clinical Mandatories form. This needs to be completed by the date noted or you will not be able to continue in clinical. Once your series and titer is completed, it is required that you submit an updated Pre-Clinical Mandatories form.

Varicella

Q: My Varicella titer is indeterminate or negative. What should I do?
A: If your Varicella titer is indeterminate or negative, you are required to have two Varicella vaccinations.

HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?
A: Program requirements vary. Please check the mandatories information for your program.

Influenza Vaccination

Q: Am I required to get a flu shot?
A: It is strongly recommended that all CNHS students receive the influenza vaccination both to protect yourself, but also to protect the patients with whom you come into contact. Some sites may require you to get the influenza vaccination before beginning your placement.
PPD

Q: If I have a PPD Skin Test and it is positive, what should I do? *First time positive only*
A: You will need to be assessed to determine why the skin test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review and chest x-ray. You will need to provide a copy of the radiology report.

Q: If I have a history of a positive PPD, what should I do?
A: Do not get another PPD skin test because this will continue to result as a positive. Instead, ask your health care provider to perform a TB Symptom Check. Bring your TB Symptom Check form to your appointment.

Q: What if I have difficulty getting an appointment with my doctor for my PPD?
A: You often do not need a full office visit appointment for the placement and reading of your PPD. Ask if a nurse can place/read your PPD instead.

Additional Questions

Q: How will I know when my mandatories have been completed?
A: Is it your responsibility to keep track of the documents that you submit to ensure you have met all requirements.

Q: Does CNHS cover the cost of my immunization and serology work?
A: It is your responsibility to cover the cost. If you visit Student Health for your immunization and serology work, you can request a receipt and file it along with the claim to your insurance company.

Q: Who do I contact if I have additional questions?
A:

Rehabilitation and Movement Science Department Contact

Cis Dumas
College of Nursing and Health Sciences
106 Carrigan Drive, 310 Rowell
Burlington, VT 05405

(802) 656-3014
cdumas@uvm.edu
Memorandum

TO: Health Care Provider
FROM: Clinical Education Staff
DATE: May 16, 2016

SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

You are receiving the attached form because your patient is participating in an upcoming clinical experience as part of the academic curriculum for the College of Nursing and Health Sciences (CNHS). CNHS follows CDC recommendations for health care professionals. Although from a professional standpoint, you may feel that your patient doesn’t need titers, from a health profession standpoint, it is required.

Please take the following action:

- **Complete the attached form in its entirety and sign each individual page at the bottom.** As the licensed health care provider, please make sure to sign and date the bottom of each page of the packet including the last page. Students must submit their requirements on the school form. No lab reports are accepted except for a radiology report if it is the student’s first time with a positive PPD.

- **Please test for immunity to Varicella with a titer.** Due to the history of Varicella sometimes not being accurate, our approach is to check with a titer. Those with documented disease whose titer is negative, should receive 2 doses of the Varicella vaccine, and need not have further immunity testing. For those with a negative titer who have already had 2 Varicella vaccinations, no further action is needed.

- **CNHS students are required to complete a series of 3 Hepatitis B vaccinations, followed by a positive titer.** If the titer is negative or indeterminate, please repeat the full series of 3 doses, followed by another titer. A booster is not acceptable and the series must be repeated. Should the 2nd titer not demonstrate immunity, the student is considered a “non-responder” and please inform them accordingly of their risks for working in the health care field.

- **CNHS requires that students provide proof of at least 4 Polio vaccinations with at least 1 being after age 4 OR for adults who have had no documented Polio vaccinations, a series of 3 suffices.** If the student’s childhood Polio records were lost, they will need a series of 3 doses or a positive titer.

- For Varicella, Hepatitis B, and Polio, please be sure that you **circle the result.**

If you have any questions/concerns, please contact Lisa McClintock at lisa.mcclintock@med.uvm.edu

Thank you for your assistance in this process.
SECOND YEAR AT PRE-CLINICAL REQUIREMENTS

Proof of Health Insurance Form- Submit this form AND copy of insurance card - ANNUAL REQUIREMENT

*The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance.

Subscriber/Member ID ____________ Primary Subscriber’s Name ____________

Insurance Carrier ____________ Subscriber’s Relationship to You ____________

It is MANDATORY that you scan and upload this form AND copy of insurance card to CastleBranch

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CastleBranch.
Second Year AT PRE-CLINICAL REQUIREMENTS

### MMR: Measles (Rubeola), Mumps, Rubella

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### Tetanus - Diphtheria - Pertussis (Tdap)

*If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.

**Tdap must be within 10 years.

*** Do not receive a regular TD Booster! Request that your Primary Care Provider give you a Tdap.

| Date of Tdap: ____________ |

### Hepatitis B

OR

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If doses or titer aren't complete, health care provider must list expected completion date(s)

- **TITER REQUIRED**

AND

<table>
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<td>Hep B Surface Ab date: ________</td>
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</tr>
</thead>
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</tbody>
</table>

If Hep B titer is negative or indeterminate, you must repeat 3-dose series and titer.

A booster is not acceptable, you must repeat series.

When done with 2nd series and titer, submit the Hepatitis B Second Series Form.

Signature of Licensed Health Care Provider __________

Credentials __________________

Date _________________
Varicella

Date(s) of disease: OR Dates of Varicella vaccine OR Date of positive lab titer

Dose #1 date: _______ Health care provider initials/date

Dose #2 date: _______

PPD - Tuberculin Skin Test

*BCG vaccine does not preclude the need for PPD testing or chest x-ray*

Date given: _______ Date read: _______ Results (mm): _______

circle result: pos neg

IF FIRST TIME WITH A POSITIVE PPD: Must have chest x-ray.

Please attach copy of radiology report, and list results.

IF HISTORY OF A POSITIVE PPD:

1) Obtain TB Symptom Checklist from Department
2) Take the TB Symptom Checklist to your appointment and give to your health care provider to complete

*Please note, depending on your site placement, an updated chest x-ray may also be required if you have a history of a positive PPD.*

Licensed Health Care Provider Attestation

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

Signature of Licensed Health Care Provider: ____________________________

Credentials: ____________________________ Date: ____________________________

Clinic Stamp or Printed Name of Provider: ____________________________ Provider Telephone Number: ____________________________

It is MANDATORY that you scan and upload ALL Pages of the form to CastleBranch. DO NOT SEPARATE PAGES.

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CastleBranch.

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform you clinical education experience.
<table>
<thead>
<tr>
<th>REQUIREMENT:</th>
<th>GUIDELINES:</th>
<th>DUE DATE</th>
<th>EXP. DATE</th>
<th>DOCUMENT REQUIRED:</th>
<th>ADDITIONAL INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASLES MUMPS RUBELLA</td>
<td>Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) OR B) Dates of separate shots (2) Measles, (2) Mumps and (1) Rubella shot OR C) positive antibody titers for all 3 components.</td>
<td>Before 08/03/2016</td>
<td>No expiration</td>
<td>Completed on school form &amp; uploaded to Castlebranch.com</td>
<td>If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.</td>
</tr>
<tr>
<td>TETANUS, DIPHTHERIA and PERTUSSIS</td>
<td>Tdap within the last ten years.</td>
<td>Before 08/03/2016</td>
<td>10 years after date that Tdap was given</td>
<td>Completed on school form &amp; uploaded to Castlebranch.com</td>
<td>If titler is negative or indeterminate, you must repeat 3-dose series and titer. A booster is not acceptable, you must repeat series. When done with 2nd series, submit the Hepatitis B Second Series Form.</td>
</tr>
</tbody>
</table>
| HEPATITIS B              | Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) AND a positive antibody titer.  
Timeline for doses: Receive 1st dose, Receive 2nd dose 1 month later, Receive 3rd dose 6 months from 1st dose; Receive titer 1 to 2 months after 3rd dose. | Before 08/03/2016 | If positive, no expiration | Completed on school form & uploaded to Castlebranch.com                                                | If the titer is negative or indeterminate and you have already had 2 varicella vaccinations, no further action is needed. If the titer is negative or indeterminate and there is a history of the disease, 2 vaccinations are required. |
| VARICELLA                 | One of the following is required: A) date of disease OR B) dates of two vaccinations OR C) positive antibody titer | Before 08/03/2016 | If positive, no expiration | Completed on school form & uploaded to Castlebranch.com                                                | If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form. |
| TB SKIN TEST              | TB Skin Test or QuantiFERON Gold test is required.                           | Before 08/03/2016 | Annual requirement | Completed on school form & uploaded to Castlebranch.com                                                | If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form. |
| CPR                       | One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers OR B) American Red Cross Professional Rescuer ONLY | Before 08/03/2016 | Certification must remain valid for entire clinical experience | Copy of front and back of CPR certification card & upload to Castlebranch.com                           | Certification must remain valid for entire clinical experience. |
| PROOF OF HEALTH INSURANCE| Provide a copy of your current health insurance card AND Proof of Health Insurance form | Before 08/03/2016 | If your insurance changes, you are responsible for providing updated information | Copy of insurance card or equivalent AND Proof of Health Insurance form. Upload to Castlebranch.com     | No need to submit a document as long as you’ve completed your training online. Training won’t be considered complete unless all sections of the training have been completed. |
| HIPAA/OSHA TRAINING       | Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolvelms.com/lms/uvm/default.aspx | Before 08/03/2016 | Annual requirement | No need to submit a document as long as you’ve completed your training online. Training won’t be considered complete unless all sections of the training have been completed. |
Please note, some site placements may require additional mandates such as a physical, criminal background check, or influenza vaccination.

If you visit Student Health for your immunization/serology work, you can request a receipt and file it along with the claim to your insurance company.

It is your responsibility to keep track of whether you have submitted your requirements.

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Lisa McClintock – lisa.mcclintock@med.uvm.edu
Hepatitis B Second Series

THIS FORM IS TO BE COMPLETED ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER

Everything MUST be ENTIRELY filled out by your licensed health care provider on this UVM-provided form ONLY.

It is your responsibility to review your form for completeness.

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of:</td>
<td>OR Dates of Twinrix (Hep A&amp;B)</td>
</tr>
<tr>
<td>Dose #4 date:</td>
<td>Dose #4 date:</td>
</tr>
<tr>
<td>Dose #5 date:</td>
<td>Dose #5 date:</td>
</tr>
<tr>
<td>Dose #6 date:</td>
<td>Dose #6 date:</td>
</tr>
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Licensed Health Care Provider Attestation

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being unable to progress in his/her major at the University of Vermont.

Signature of Licensed Health Care Provider

Credentials

Date

Clinic Stamp or Printed Name of Provider

Provider Telephone Number

It is Mandatory that you scan and upload this form to CastleBranch.

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your form and submit it to CastleBranch.

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
Frequently Asked Questions

General Questions

Q: What is a titer?
A: A titer is a blood test to determine whether a vaccination has provided immunity against the disease. Titer results should be positive to indicate immunity.

Q: How do I submit my documentation?
A: 2nd Year Athletic Training students, please submit your mandatories to CastleBranch. Please note, UVM Student Health won’t submit your documents for you. You will need to pick up your documents and submit them to CastleBranch.

Q: What happens if I can’t submit my mandatories by the deadline?
A: It is imperative that you plan ahead to ensure that your mandatories are completed by the deadline. If you fail to submit your mandatories by the deadline, you will not be able to participate in your clinical experience and your instructor will be notified.

It is important to give yourself plenty of time to complete these requirements.

Hepatitis B - Receive 1st dose, Receive 2nd dose one month later, Receive 3rd dose six months from 1st dose; Receive titer 1 to 2 months after 3rd dose

MMR – 28 days in between doses

CPR Certification

Q: What CPR certifications will you accept?
A: American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer

Q: What if my CPR certification will expire during my clinical education experience?
A: It is your responsibility to be aware of your CPR certification expiration date. Your CPR certification is required to be valid for your entire clinical education experience. If your CPR certification will expire during your clinical, please renew it BEFORE your clinical starts and submit an updated copy of the front and back of your CPR card with signature(s).

Q: Will you accept the American Red Cross Challenge Exam for my CPR Certification course?
A: No, the American Red Cross Challenge Exam is not accepted. It serves as a refresher and not a certification course.

Q: How do I find out about upcoming CPR classes?
A: CNHS offers CPR classes at least twice per semester. You will receive email notices regarding how to sign up for upcoming CPR class dates.
Hepatitis B

Q: What if my Hepatitis B titer is negative?
A: If you received a negative Hepatitis B titer, ask your health care provider to revaccinate you with the three dose series. After the series, you will need another titer. You are required to submit updated documentation on the Hepatitis B Second Series form. If you are participating in your clinical experience with a negative titer, please ensure that you have talked with your health care provider about universal precautions to prevent Hepatitis B infection.

Q: How long after my three doses of Hepatitis B vaccinations can I have a titer drawn?
A: The titer should be checked four to eight weeks after your third dose of the Hepatitis B vaccine.

Q: Can I see two health care providers to complete my Hepatitis B series?
A: If you plan to see two health care providers to complete your Hepatitis B series, please ensure that you provide your second health care provider with a completed form showing your most recent doses.

Q: What if my Hepatitis B titers keep showing as negative?
A: If you have completed (2) three dose series of the Hepatitis B vaccinations and your titers are still negative, you are considered to be a non-responder. Talk with your health care provider about precautions to prevent Hepatitis B infection. Please have your health care provider complete the Hepatitis B section of the Pre-Clinical Mandatories form.

Q: What if my Hepatitis B series or titer isn’t complete by the deadline?
A: Please ask your health care provider to note the expected dates of the upcoming doses and/or titer on the Pre-Clinical Mandatories form. This needs to be completed by the date noted or you will not be able to continue in clinical. Once your series and titer is completed, it is required that you submit an updated Pre-Clinical Mandatories form.

Varicella

Q: My Varicella titer is indeterminate or negative. What should I do?
A: If your Varicella titer is indeterminate or negative, you are required to have two Varicella vaccinations.

HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?
A: Program requirements vary. Please check the mandatories information for your program.

Influenza Vaccination

Q: Am I required to get a flu shot?
A: It is strongly recommended that all CNHS students receive the influenza vaccination both to protect yourself, but also to protect the patients with whom you come into contact. Some sites may require you to get the influenza vaccination before beginning your placement.
Q: If I have a PPD Skin Test and it is positive, what should I do? *First time positive only*
A: You will need to be assessed to determine why the skin test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review and chest x-ray. You will need to provide a copy of the radiology report.

Q: If I have a history of a positive PPD, what should I do?
A: Do not get another PPD skin test because this will continue to result as a positive. Instead, ask your health care provider to perform a TB Symptom Check. Bring your TB Symptom Check form to your appointment.

Q: What if I have difficulty getting an appointment with my doctor for my PPD?
A: You often do not need a full office visit appointment for the placement and reading of your PPD. Ask if a nurse can place/read your PPD instead.

Additional Questions

Q: How will I know when my mandates have been completed?
A: Is it your responsibility to keep track of the documents that you submit to ensure you have met all requirements.

Q: Does CNHS cover the cost of my immunization and serology work?
A: It is your responsibility to cover the cost. If you visit Student Health for your immunization and serology work, you can request a receipt and file it along with the claim to your insurance company.

Q: Who do I contact if I have additional questions?
A:

Rehab & Movement Science Department Contact

Lisa McClintock  
College of Nursing and Health Sciences  
106 Corrigan Drive, 310 Rowell  
Burlington, VT 05405  
(802) 656-3014