MAY 5, 2016:
IMPORTANT DPT MANDATORIES UPDATE

The University of Vermont, College of Nursing and Health Sciences, has partnered with CastleBranch, a web based compliance tracking company, to manage DPT student mandatories!

Benefits associated with this service include:
• HIPPA compliancy
• Secure holding and transfer of personal information
• Website accessibility 24/7
• Lifetime access to personal immunization information

What this means to you:
You will submit your mandatories directly to Castlebranch and not to Lisa McClintock as previously instructed. We will send you an email within the next few weeks which will include instructions, FAQs and a link to CastleBranch.com where you will create your own profile and upload all of your mandatories documents.

Please note all documents must be signed and dated by the June 16th deadline, but you will have until August 15th to upload to Castlebranch.
DPT MANDATORIES:

IMPORTANT:

Mandatories must be completed by ORIENTATION JUNE 16, 2016.

Students do not qualify for clinical education placement selection until these requirements are met.

During your 3 years in the DPT program, you will be participating in four (4) clinical education (CE) internships in addition to integrated clinical correlation experiences throughout the curriculum. Prior to being assigned to your first clinical site you must first submit accurate and complete documentation of all mandatories. During your clinical internships a site may have additional specific requirements depending on the contract stipulations that UVM has with that particular site. Please be prepared for the event a site you are assigned requires additional items (e.g. drug test, current physical exam, on-site orientation, interview, Etc.). These items may cause you to incur additional fees/expenses.

Completing the mandatories takes time, so please make an appointment with your physician now to complete the immunization form. Many of the immunization requirements can also be completed at a public health clinic. Instructions for the healthcare provider is included in the packet.

Please allow time to complete the on-line HIPPA/OSHA training. Keep an eye out for an email from Evolve e-Learning Solutions with a link to begin the course.

UVM Student Health does not bill private insurance companies. Any immunizations received at the UVM Student Health office will be billed to the student’s UVM account. You will need to submit your receipt to your own insurance provider.

Mandatory information can also be found on the College of Nursing & Health Sciences PT mandatories website here:
http://www.uvm.edu/~cnhs/?Page=student_services/gradmandatories.html

If you have any questions regarding mandatories, please contact Lisa McClintock, Clinical Education Administrator in the Department of Rehabilitation & Movement Science: lisa.mcclintock@med.uvm.edu, or (802) 656-3014.
It is the student’s responsibility to ensure completion and maintain yearly compliance. Keep copies of all documents. Save this document for reference throughout program.

<table>
<thead>
<tr>
<th>REQUIREMENT:</th>
<th>GUIDELINES:</th>
<th>Year 1, 2 and 3 DUE DATES</th>
<th>EXP. DATE</th>
<th>DOCUMENT REQUIRED:</th>
<th>ADDITIONAL IMPORTANT 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>1st Year: 6/16/2016 2nd Year: as needed 3rd Year: as needed</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>1st Year: 6/16/2016 2nd Year: as needed</td>
<td>10 years after date that Tdap was given</td>
<td>Completed on school form</td>
<td>For adults who had 1 or 2 IPV doses, and no documentation of childhood series, complete a total of 3 injections. If you only have 3 doses of childhood series, you will need to get a 4th dose.</td>
</tr>
<tr>
<td>POLIO</td>
<td>Provide proof of one of the following completed on school form: A) 4 doses of childhood series with 1 dose being after age 4 OR B) 3 adult doses OR C) titer</td>
<td>1st Year: 6/16/2016</td>
<td>None</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>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>1st Year: 6/16/2016</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>VARICELLA</td>
<td>One of the following is required: A) date of disease AND positive antibody titer OR B) 2 vaccinations for varicella AND positive antibody titer.</td>
<td>1st Year: 6/16/2016</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td></td>
</tr>
<tr>
<td>TWO STEP TB SKIN TEST</td>
<td>Two Step TB Skin Test or QuantiFERON Gold test is required.</td>
<td>1st Year: 6/16/2016 2nd Year: 5/01/2017 3rd Year: 5/14/2018</td>
<td>TB Skin Test 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>American Heart Association Basic Life Support for Health Care Providers plus AED</td>
<td>1st Year: 6/16/2016 2nd Year: as needed 3rd Year: as needed</td>
<td>Certification must remain valid for entire clinical experience</td>
<td>Copy of front and back of CPR certification card with signature</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>1st Year: 6/16/2016 2nd Year: 5/01/2017 3rd Year: 5/14/2018</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>This is an Annual Requirement.</td>
</tr>
<tr>
<td>CRIMINAL BACKGROUND CHECK</td>
<td>Required upon admission and again in year two (2).</td>
<td>1st Year: upon admission</td>
<td>Background check results from provider</td>
<td>Complete on-line application</td>
<td>Follow instructions as indicated by CERTIPHI</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------</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.evolveilm.com/lms/uvmd/">https://www.evolveilm.com/lms/uvmd/</a></td>
<td>1st Year: 6/16/2016</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>
<td></td>
</tr>
<tr>
<td>DRIVER’S LICENSE</td>
<td>Provide a copy of your driver’s license</td>
<td>2nd Year: 5/01/2017</td>
<td>Copy of your driver’s license</td>
<td>Must be valid through final clinical experience.</td>
<td></td>
</tr>
<tr>
<td>APTA MEMBERSHIP CARD</td>
<td>Copy of APTA membership card</td>
<td>3rd Year: 5/14/2018</td>
<td>Copy of your APTA membership card</td>
<td>Yearly renewal is required</td>
<td></td>
</tr>
</tbody>
</table>

### Important Notes

Many clinical placements will require additional site requirements such as a physical, drug screen, or influenza vaccination. A site may require a criminal background check in addition to the UVM criminal background requirements.

A criminal background check is required upon admission to the program and will be repeated in year 2.

If you visit UVM Student Health for your immunization/serology work, you can request a receipt and file it along with the claim to your insurance company. This requirement is not included in standard student services.

Keep a copy of all requirements in a binder for your reference and use during your clinical experiences.

It is your responsibility to keep track of timely submission of your requirements and to keep them updated.

It is suggested you complete all requirements prior to admission.

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
Memorandum

TO: Health Care Provider

FROM: Clinical Education Staff

DATE: April 1, 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 titters, 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 each page of the packet. 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: (802) 656-3014 or Lisa.McClintock@med.uvm.edu

Thank you for your assistance in this process.
DPT MANDATORIES

<table>
<thead>
<tr>
<th>Proof of Health Insurance Form - Submit this form AND copy of insurance card</th>
</tr>
</thead>
<tbody>
<tr>
<td>*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.</td>
</tr>
<tr>
<td>Subscriber/Member ID</td>
</tr>
<tr>
<td>Insurance Carrier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submit Form AND Attachments via Email, Fax or In Person to Lisa McClintock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: 802-656-6586</td>
</tr>
<tr>
<td>Email: <a href="mailto:Lisa.McClintock@med.uvm.edu">Lisa.McClintock@med.uvm.edu</a></td>
</tr>
</tbody>
</table>

*Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them.*
Name ____________________________
Student ID# ________________________
Date of Birth ________________________
Program/Graduation Year ______________
Phone# ______________________________
Email ________________________________
Date ________________________________

DPT MANDATORIES

Completion of Mandatories will put you in good standing for CE1 Placement

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

It is your responsibility to make sure your physician completes this form properly.

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

<table>
<thead>
<tr>
<th>Tetanus - Diptheria - Pertussis (Tdap)</th>
</tr>
</thead>
<tbody>
<tr>
<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>**Tdap must be within 10 years.</td>
</tr>
<tr>
<td>*** Do not receive a regular TD Booster! Request that your Primary Care Provider give you a Tdap.</td>
</tr>
<tr>
<td>Date of Tdap: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Polio</th>
</tr>
</thead>
<tbody>
<tr>
<td>*You must submit 4 doses of the childhood series with one dose being after age 4 OR you must submit proof of 3 adult doses OR a titer</td>
</tr>
<tr>
<td>For adults who had 1 or 2 IPV doses, and no documentation of the childhood series, complete a total of 3 injections.</td>
</tr>
<tr>
<td>If you only have 3 doses of the childhood series, you will need to get a 4th dose.</td>
</tr>
<tr>
<td>Childhood Doses: Dose #1___________ Dose #2___________ Dose#3___________ Dose #4__________</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>Adult Doses: Dose #1___________ Dose #2___________ Dose#3___________</td>
</tr>
</tbody>
</table>

Signature of Licensed Health Care Provider __________
Credentials __________
Date __________
| **Name** |  
| **Student ID#** |  
| **Date** |  

### Hepatitis B

<table>
<thead>
<tr>
<th>Dates of:</th>
<th><strong>OR</strong></th>
<th>Dates of Twinrix (Hep A&amp;B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1 date:</td>
<td></td>
<td>Dose #1 date:</td>
</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><strong>OR</strong></th>
<th>Dates of Varicella vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose #1 date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #2 date:</td>
</tr>
</tbody>
</table>

**TITER REQUIRED**

AND

Date and results of lab titer

Varicella titer date: 

circle result: **pos**, **neg**, **indeterminate**

Health care provider initials/date

If titer is negative or indeterminate and already had 2 vaccinations, no further action is needed.

If titer is negative or indeterminate and had history of disease, 2 vaccinations are required.

---

Signature of Licensed Health Care Provider | Credentials | Date
Two Step PPD - Tuberculin Skin Test

*Please note, depending on your site placement, a chest x-ray and/or annual TB symptom checks may also be required if you have a history of a positive PPD

1) Date given: ____________ Date read: ____________ Results (mm): ____________
   circle result: pos neg

2) 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 health care provider appointment

*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 ____________________________

Submit Form via Email, Fax or In Person to Lisa McClintock

Fax: 802-656-6586 106 Carrigan Drive, 310 Rowell Bldg.
     Burlington, VT 05405

Email: Lisa.McClintock@med.uvm.edu

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

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

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AND</td>
</tr>
<tr>
<td>Dates of:</td>
<td>Date and results of lab titer</td>
</tr>
<tr>
<td></td>
<td>Hep B Surface Ab date:</td>
</tr>
<tr>
<td>OR</td>
<td>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>
</tbody>
</table>

Repeat Series plus titer and your titer is still negative or indeterminate, you are considered a non-responder. Please ask your health care provider to counsel you on how to prevent risk of infection.

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

Submit Form via Email, Fax or In Person to Lisa McClintock

Fax:  802-656-6586  106 Carrigan Drive, 310 Rowell Bldg.
      Burlington, VT 05405

Email:  Lisa.McClintock@med.uvm.edu

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

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.
General Questions

**How will I know when my mandatories have been completed?** It is your responsibility to keep track of the documents that you submit to ensure you have met all requirements. You must keep paper or electronic copies of all records. It is your responsibility to coordinate and maintain compliance and record keeping. The program will facilitate coordination to clinical sites, but this does not eliminate the need for you to maintain quickly available, complete and updated requirements at any time.

**What is a titer?** 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.

**How do I submit my documentation?**

Please submit your mandatories forms via fax, email, or in person to Lisa McClintock:

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

Phone: (802) 656-3014  
Fax: (802) 656-6586  
Lisa.McClintock@med.uvm.edu

**What happens if I can’t submit my mandatories by the deadline?** 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

Polio - Students who have never been vaccinated for polio should receive 3 doses of IPV, 2 doses separated by 1 to 2 months, and a third dose 6 to 12 months. Students who have had 1 to 2 doses of polio vaccine in the past should get the remaining 1 to 2 doses.

MMR – 28 days in between doses

**CPR Certification**

**What CPR certifications will you accept?** American Heart Association Basic Life Support for Health Care Providers plus AED
What if my CPR certification will expire during my clinical education experience? 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).

How do I find out about upcoming CPR classes? If you aren’t already CPR certified, it is mandatory that you attend the CPR class scheduled for June 22, 2016 at 1 pm in Rowell 003A

**Hepatitis B**

What if my Hepatitis B titer is negative? 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.

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

Can I see two health care providers to complete my Hepatitis B series? 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.

What if my Hepatitis B titers keep showing as negative? 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.

What if my Hepatitis B series or titer isn’t complete by the deadline? 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.

**HIPAA/OSHA Training**

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

**Influenza Vaccination**

Am I required to get a flu shot? 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. 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.

If I have a history of a positive PPD, what should I do? 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.

What if I have difficulty getting an appointment with my doctor for my PPD? 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.

**Polio**

I had polio vaccinations as a child, but can't find the documentation. What should I do? If you have lost your polio documentation, you will need to complete a series of three doses.

If I lost my Polio documentation and I don’t want to get my vaccinations done again, is a Polio titer acceptable? Yes, you can show proof of a Polio titer instead of vaccinations.

**Varicella**

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

**Additional Questions**

Does CNHS cover the cost of my immunization and serology work? 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.

Who do I contact if I have additional questions?

Lisa McClintock  
College of Nursing and Health Sciences  
106 Carrigan Drive, 310 Rowell  
Burlington, VT 05405  
(802) 656-3014  
Lisa.McClintock@med.uvm.edu