

## **RADIATION THERAPY MANDATORIES INFORMATION**

### **RADT MANDATORIES DUE AUGUST 15**

- INFLUENZA VACCINE, due after October 1 and before October 31
- Pre-Clinical Mandatories Form, Insurance Form, and copy of card
- If you have a first time positive PPD, you are required to get a chest x-ray and have your physician complete the TB Symptom Checklist, which can be obtained from Linda Esposito ([Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@med.uvm.edu)). Submit both of these to EXXAT with your immunization form.
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer. You will receive email notification about upcoming CPR training offered by UVM. You will need to submit a copy of the front and back of your CPR certificate or CPR certification card with signature to EXXAT.
- HIPAA/OSHA Training – You are required to take HIPAA training, and OSHA training which includes topics in Bloodborne Pathogens and Personal Protective Equipment. You will receive an email from the program assistant with information on taking these courses.
- Annual physical, drug test, criminal background check – As needed by the clinical education site.

Please submit your mandatories to EXXAT.



## Memorandum

TO: Health Care Provider

FROM: Clinical Education Staff

SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

You are receiving the attached University of Vermont immunization record form because your patient is participating in clinical education as part of the curriculum within one of the College of Nursing and Health Sciences (CNHS) academic programs. CNHS follows CDC recommendations for health care professionals. **Although from a professional standpoint, you may feel that your patient doesn't need some of these requirements, 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 bottom of the immunization form. Students must submit their requirements on the school form. Lists of immunizations or lab reports are not accepted, except for a radiology report if it is the student's first time with a positive PPD.
- **If there is no record of 2 doses of the Varicella vaccine, 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 if there is no documentation of two doses of the vaccine. Those whose titer is negative should receive 2 doses of the Varicella vaccine and need not have further immunity testing.
- **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 administer a booster, followed by a titer one to two months later. If the booster titer is negative, please administer a repeat series of Hepatitis B vaccines followed by a titer.** (UVM follows the CDC guidelines of doses at 0, 1 and 4 months from the first dose and a titer 1 to 2 months following the third dose.) If Hepsiv-B is administered, please follow the two doses with a titer. **Please initial each dose and titer as it is given and sign the bottom of the form when it is complete.** Should the final titer not demonstrate immunity, the student is considered a "non-responder" and should be informed accordingly of their risks when working in the health care field.
- For Hepatitis B titers and PPD results, please **circle the result.**

If you have any questions/concerns, please contact Linda Esposito at: [Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@med.uvm.edu). Thank you for your assistance in this process.



PRE-CLINICAL MANDATORIES

College of Nursing and Health Sciences

Program: \_\_\_\_\_

To be completed by a licensed health care provider. Copies of medical records/labs will not be accepted.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell phone#: (\_\_\_\_)\_\_\_\_-\_\_\_\_
Last Name First Name Middle Initial mm dd yr

Part 1: Everything must be filled out by your licensed health care provider on this UVM form ONLY. Copies of Medical Records/Labs will NOT be accepted.

Table with 3 columns: VACCINE NAME, DATES OF VACCINATION, OR DATES OF POSITIVE TITERS (BLOOD TEST) OR DISEASE HISTORY. Rows include TDAP, HEPATITIS B, MMR (Measles, Mumps, Rubella), VARICELLA (CHICKEN POX), and PPD TUBERCULIN SKIN TEST - REQUIRED ANNUALLY.

HEALTH CARE PROVIDER'S SIGNATURE (Required): I certify that this student has received the immunizations or has laboratory evidence of immunity as indicated on this page.

Signature and Credentials, Office phone number, Printed Name, Office Fax Number, Date



Name \_\_\_\_\_  
 Student ID# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Program/Graduation Yr \_\_\_\_\_

COLLEGE OF NURSING & HEALTH SCIENCES

**THIS FORM IS TO BE COMPLETED BY YOUR LICENSED HEALTHCARE PROVIDER ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER. COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

**HEPATITIS B BOOSTER AND HEPATITIS B SECOND SERIES FORM**

**Hepatitis B Booster AND 2nd Titer Required**

Booster Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Titer #2 (1 - 2 months after booster) Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 (Dose #4)

Circle result: *Positive* *Negative* *Indeterminate*

**\*\*IMPORTANT: If your booster titer result above is negative or indeterminate, you are required to repeat the full series of Hepatitis B doses and titer. Heplisav-B vaccine series is accepted. See below:**

**Hepatitis B (Complete this only if titer above is negative or indeterminate)**

Engerix  
 Twinrix (Hep A & B)

Dose #5 date: \_\_\_\_\_ Initials: \_\_\_\_\_

Dose #6 date: \_\_\_\_\_ Initials: \_\_\_\_\_

Timeline for doses: Get 4th dose, get 5th dose 1 month later, get 6th dose 4 months from 4th dose; Get titer 1 to 2 months after 6th dose.

Healthcare provider: If Engerix or Twinrix is used, please note on Dose 4 (booster), 5 and 6.

**OR**

**Hepatitis B (Complete this only if titer above is negative or indeterminate)**

Heplisav

Dose #5 date: \_\_\_\_\_ Initials: \_\_\_\_\_

Timeline for doses: Get 4th dose, get 5th dose 1 month later, get titer 1 to 2 months after 5th dose.

Healthcare provider: If Heplisav-B is used, please note on Dose 4 (booster) and 5.

**3RD TITER (Required after either series above)**

Date: \_\_\_\_\_

**Circle result:** positive negative indeterminate

Health Care Provider Initials: \_\_\_\_\_

**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

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



COLLEGE OF NURSING & HEALTH SCIENCES

Name \_\_\_\_\_  
 Student ID # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Program/Graduation Year \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date \_\_\_\_\_

**INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT**

**Influenza Vaccination**

Date Administered \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 Lot Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*If given at a separate time, please provide documentation of influenza vaccination*

**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 EXXAT**

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

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.



Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Program / Graduation Year: \_\_\_\_\_  
 Date: \_\_\_\_\_

COLLEGE OF NURSING & HEALTH SCIENCES

**CNHS ANNUAL HEALTH INSURANCE REQUIREMENTS**

**Proof of Health Insurance Form - Submit this form AND a copy of insurance card ANNUALLY**

*\*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. It is your responsibility to resubmit your insurance if there are any changes during the academic year.*

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 a copy of your insurance card to EXXAT.**

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 are CNHS Mandatories?**

**A:** CNHS Mandatories are college requirements that include proof of immunizations, health insurance, CPR, HIPAA/OSHA training, program memberships, etc. that all students need to fulfill to take part in clinical education. Depending on the requirements of your program and clinical placement site, there may be additional requirements to fulfill such as a physical exam, drug screen, background check or additional immunization requirements.

#### **Q: How do I submit my documentation?**

**A:** The College of Nursing and Health Sciences partners with an online compliance tracking company called EXXAT to manage student mandatories. CNHS students submit required records to EXXAT. Benefits associated with this service include secure holding and transfer of personal information, website accessibility 24/7. Once you register and set up your account you will use the same account for the length of time you are in the College of Nursing and Health Sciences. Instructions for submitting your program mandatories in EXXAT will be emailed to you by your program's assistant. **Note:** UVM's Center for Health and Wellbeing will not submit your documents for you. It is your responsibility to bring the CNHS immunization forms with you to your appointments and to submit your completed documents to EXXAT.

#### **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, your participation in your clinical experience maybe jeopardized.

Please pay attention to email reminders from your program staff and EXXAT and take action on requests.

### CPR Certification

#### **Q: What CPR certifications will you accept?**

**A:** American Heart Association Basic Life Support CPR Certification 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 expiration and submit an updated copy of the certification with signature(s) to EXXAT. Each certification is active for two years.

#### **Q: Will you accept the American Red Cross Challenge Exam for my CPR Certification course?**

**A:** No. This is a refresher course and not a certification course.

**Q: How do I find out about upcoming CPR classes?**

**A:** UVM offers weekly in-person trainings on campus through the Department of Emergency Management **Cat ECare** as an option to complete this requirement. It includes **American Heart Association BLS CPR certification**, AED, stop the bleed training, and instruction on the use of Narcan.

Students may submit proof of American Heart Association BLS CPR plus AED certification from an alternate course provider if the certification meets the program requirement and includes an in-person Skill Check. Online CPR courses that do NOT include an in-person Skill Check will NOT be accepted.

**Q: How do I register for a CPR class?**

**A:** Information about the Cat ECare CPR training and registration is located on their website at <https://www.uvm.edu/emergency/cat-ecare-training> If you have questions about the training or registration, please contact [CatECare@uvm.edu](mailto:CatECare@uvm.edu)

**HIPAA/OSHA Training**

**Q: How often do I need to complete HIPAA and OSHA training?**

**A:** You are required to complete *annual* HIPAA and OSHA on-line trainings that your program requires. Information regarding these trainings will be emailed to you by your program's assistant.

**HEPATITIS B VACCINATIONS AND TESTING– READ CAREFULLY**

Vaccinations and testing for immunity for Hepatitis B can be a lengthy process because of the time you have to wait between doses and titers. **Please do not wait to begin testing for immunity for this requirement.**

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Immunization form or Hepatitis B Booster form and submit each action to EXXAT.*

**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: What if my first Hepatitis B titer is negative or indeterminate?**

**A:** If you receive a negative or indeterminate Hepatitis B titer result, ask your healthcare provider to revaccinate you with the **Hepatitis B Booster**. One to two months after the booster dose you will need a second titer to test for immunity.

**Q: What if my second Hepatitis B titer is still negative or indeterminate after the booster dose?**

**A:** If your second titer is still negative or indeterminate you will need to be revaccinated with the full Hepatitis B vaccine series. The booster is the first dose of the series and two more doses are needed to complete the series. A third titer is again required 1 to 2 months after the final dose to prove immunity.

**Timeline for Hepatitis B Initial and Repeat Dosing and Documentation in EXXAT:**

1. Submit 3 initial childhood doses **AND** current titer on the CNHS form to EXXAT
2. If titer is negative: Receive 4th dose (booster);
3. Receive 2nd titer 1-2 months later. Submit results to EXXAT.
4. If 2nd titer is negative or indeterminate, receive 5th dose;
5. Receive 6th dose 4 months from date of 4th dose (booster);
6. Receive 3rd titer 1-2 months after 6th dose. Submit results to EXXAT.

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Hepatitis B Booster form and submit each action to CastleBranch.*

**Q: Should I need to repeat the Hepatitis B series, can I receive Heplisav-B, an accelerated series?**

A: Yes, you can receive the 2 dose accelerated series as long as your first repeat dose (booster) is Heplisav and you continue with Heplisav-B throughout the series. Make sure your healthcare provider notes the Heplisav-B on your form. A titer is required 1 to 2 months after the final dose.

**Timeline for 2-dose Heplisav-B repeat series:**

Receive 1st dose (Heplisav booster);

Receive 2nd titer 1-2 months later;

If 2nd titer is negative or indeterminate, receive 2nd Heplisav dose;

Receive 3rd titer 1-2 months after 2nd Heplisav dose.

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Hepatitis B Booster form and submit each action to EXXAT.*

**Q: Can I see different healthcare providers to complete my Hepatitis B series?**

A: Yes. If you plan to use multiple healthcare providers to complete your Hepatitis B series, please ensure that you provide your second healthcare provider with a completed form showing your most recent dose. **If Heplisav-B was given for the first dose it must be given for the 2<sup>nd</sup> dose and documented as such.** Use the same CNHS form when seeing multiple healthcare providers, but make sure each dose is initialed by the healthcare provider giving you that dose and titer. When the series is complete, have your provider sign the bottom of the form.

**Q: What if my Hepatitis B titers keep showing as negative?**

A: If you have completed the booster and remaining two doses of the series (or two doses of Heplisav-B) and your titers are still negative, you are considered to be a non-responder. Talk with your healthcare provider about precautions to prevent Hepatitis B infection. Please have your healthcare provider note on the form that you have been advised about precautions to take.

**Varicella**

**Q: How do I know if I need a titer?**

If you have two documented doses of the Varicella vaccine you do not need a titer. If you have a history of the disease and have not had two doses of the vaccine, you will need a positive titer to show immunity.

**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. After receiving the vaccinations, no further action is needed.

**PPD**

**Q: What is a PPD?**

**A:** It is a Tuberculin Skin Test that shows proof of immunity. We also accept the QuantiFERON-TB Gold Plus or the T-Spot Blood Test to test for immunity.

**Q: If I have a TB Test and it is positive, what should I do?**

**A:** *First time positive only:* You will need to be assessed to determine why the test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review done by your healthcare provider and chest x-ray. You will need to submit a copy of the radiology report, the Symptom Checklist form, and the form signed by your healthcare provider to EXXAT. The Symptom Checklist can be obtained from the program assistant.

**Q: If I have a *history* of a positive TB test, what should I do?**

**A:** Do not get another TB test because this will continue to result as a positive. Instead, ask your healthcare provider to perform a TB symptom review. Bring your TB Symptom Checklist form to your appointment for the healthcare provider to fill out and sign. This form is available for download on EXXAT. You will need to submit your completed TB Symptom Checklist in EXXAT.

**Q: What if I have difficulty getting an appointment with my doctor for my PPD test?**

**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 and have the nurse fill out the CNHS form. Walk-in clinics and pharmacies will also provide these services.

**Influenza Vaccination**

**Q: Am I required to get a flu shot?**

**A:** Yes, as a CNHS student you are required to receive an **annual** influenza vaccination both to protect yourself, and to protect the patients with whom you come into contact. Influenza vaccinations should be received during the flu season **October/November** to protect you through the spring. **Do not submit a flu vaccine given in the previous year.** Submit it according to the program deadline.

**COVID-19 Vaccination**

**Q: Am I required to get a COVID-19 vaccination?**

**A:** Yes, you are required to have an initial series of COVID-19 vaccinations OR have a documented health or religious exemption.

### **COVID-19 Booster Vaccination**

#### **Q: Am I required to get a COVID-19 booster vaccination?**

**A:** Yes, you are required to have a COVID-19 booster vaccination 6 months after the initial series OR have a documented health or religious exemption. Depending on clinical education site requirements, you may need proof of an updated vaccine.

### **Additional Questions**

#### **Q: Is my insurance form and card an annual requirement?**

**A:** Yes, each year you are required to submit the form and a copy of your insurance card to EXXAT even if your information has not changed. You are also required to submit any insurance changes throughout the academic year to EXXAT.

#### **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. EXXAT will document when you have completed the requirement.

**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 be able to make available complete and updated requirements at any time.**

#### **Q: Which requirements need to be done annually?**

**A:** HIPAA/OSHA training, Proof of Health Insurance (copy of your card), the Health Insurance form, PPD test, and the Influenza vaccine are all annual requirements.

#### **Q: Does CNHS cover the cost of my immunization and serology work?**

**A:** No, it is your responsibility to cover the cost. If you visit the UVM's Center for Health and Wellbeing for your immunization and serology work, you can request a receipt and file it along with the claim to your insurance company. The UVM's Center for Health and Wellbeing will bill your student account for any immunization and serology work you have done.

#### **Q: Who do I contact if I have additional questions?**

**A:**

Laura Selin  
Biomedical and Clinical Sciences  
302 Rowell Bldg.  
[laura.selin@med.uvm.edu](mailto:laura.selin@med.uvm.edu)