



The University of Vermont

Memorandum

TO: Health Care Provider

FROM: Clinical Education Staff

DATE: Spring, 2022

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 Lisa McClintock at: (802) 656-3014 or Lisa.McClintock@med.uvm.edu Thank you for your assistance in this process.

COLLEGE OF NURSING AND HEALTH SCIENCES

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