

Note: Documents must be uploaded for verification.

Instructions for Compliance with the Requirements of Southern Maine CC

1	<p>Tetanus Diphtheria / Tdap</p> <p>All students must have one dose of Td, DT or Tdap administered within 10 years of enrollment. This must be renewed every ten years. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccination.</p>	<p>Required: Every Ten Years</p>
2	<p>MMR – Measles, Mumps, Rubella</p> <p>All students must have proof of either: two (2) doses of Measles, Mumps and Rubella (or MMR) vaccine, OR ‘Positive’ Surface Antibody Titers for Measles (Rubeola), Mumps and Rubella. If you have any ‘Negative’ or ‘Equivocal’ Titers, you must then (after the titer) get 2 booster vaccinations for the disease. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.</p>	<p>Required: One Time</p>
3	<p>Hepatitis B</p> <p>All students must have a ‘Positive’ Surface Antibody Titer for Hepatitis B. If this titer is ‘Negative’ or ‘Equivocal’, they must get three additional vaccinations for Hepatitis B, and then 30 days thereafter, get a repeat titer for Hepatitis B.</p>	<p>Required: One Time</p>
4	<p>Varicella (Chicken Pox)</p> <p>All students must have proof of either: two (2) doses of Varicella (Chicken Pox) Vaccine, given 4-8 weeks apart, OR an ‘Immune’ Surface Antibody Titer for Varicella. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.</p>	<p>Required: One Time</p>
5	<p>TST (Tuberculosis Skin Testing)</p> <p>All students must have one of the two methods to prove TST/PPD. Method one: QuantiFERON-TB Gold (QFT) is a simple blood test OR Method two: Two step Mantoux skin test (TST). If you choose Method two, the second step is administered 1-3 weeks after the first test. Please go to https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm for more information.</p>	<p>Required: Every Year</p>
6	<p>Flu Shot</p> <p>Students are required to submit a seasonal flu shot for the current flu season, when available in the Fall. Either upload a signed or stamped copy of this form, or official documentation showing your current flu shot.</p>	<p>Required: Every Year</p>
<p>Only for Nursing Students</p>		
7	<p>CPR Certification: AHA BLS for the Healthcare Provider</p> <p>All students must have an American Heart Association BLS for the Healthcare Provider CPR Certification. More information can be found on www.heart.org. This is the ONLY acceptable CPR Card per Southern Maine CC. Be sure to submit a copy of the Front and Back of your CPR Card when available.</p>	<p>Required: Every Two Years</p>

I hereby authorize the release of my medical records to Southern Maine Community College, and its contracting partners (including American DataBank), to meet the requirements for furthering my education through SMCC and its clinical sites. I do this with the understanding that my personal information will not be disseminated for any purpose other than those specified by SMCC, in regards to furthering my education. By affixing my signature below, I grant my full consent, with the understanding that I may revoke this consent in writing, at any time.

Student Name (Print) _____ Signed Date _____

Student Signature _____ Student ID _____

****Students must upload documentation directly into their Complio account****

Program of Study	<input type="checkbox"/> Cardiovascular Technology	<input type="checkbox"/> Emergency Medical Services/Paramedic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Radiography
	<input type="checkbox"/> Dietetic Technology	<input type="checkbox"/> Medical Assisting	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Respiratory Therapy
Grade Level	<input type="checkbox"/> 1 st Year	<input type="checkbox"/> 2 nd Year	<input type="checkbox"/> 3 rd Year	<input type="checkbox"/> 4 th Year

Immunization Requirements

For Each Requirement: Students must provide this form, completed signed/stamped by a healthcare provider OR actual documentation for these requirements.

1	Td/DT/Tdap		Required: Every Ten Years	
	All students must have a Td, DT or Tdap vaccination from within the last 10 years.			
Td Date: ____ (M) ____ (D) ____ (Y) DT Date ____ (M) ____ (D) ____ (Y) Td Date ____ (M) ____ (D) ____ (Y)				
2	MMR (Measles, Mumps, Rubella)		Required: One Time	
	All students must have either: 2 Shots for MMR (given together, or as 6 total shots), OR 'Positive' Surface Antibody Titers for Measles (Rubeola), Mumps and Rubella. If the titer is 'Negative' or 'Equivocal', the student must have two booster shots, after the titer(s).			
	A	MMR Dose 1 Date: ____ (M) ____ (D) ____ (Y)		MMR Dose 2 Date: ____ (M) ____ (D) ____ (Y)
	B	Measles	Measles Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) Positive: <input type="checkbox"/> Yes or <input type="checkbox"/> No, if No get two boosters	
			Measles Dose 1 Date: ____ (M) ____ (D) ____ (Y) Measles Dose 2 Date: ____ (M) ____ (D) ____ (Y)	
	B	Mumps	Mumps Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) Positive: <input type="checkbox"/> Yes or <input type="checkbox"/> No, if No get two boosters	
			Mumps Dose 1 Date: ____ (M) ____ (D) ____ (Y) Mumps Dose 2 Date: ____ (M) ____ (D) ____ (Y)	
B	Rubella	Rubella Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) Positive: <input type="checkbox"/> Yes or <input type="checkbox"/> No, if No get two boosters		
		Rubella Dose 1 Date: ____ (M) ____ (D) ____ (Y) Rubella Dose 2 Date: ____ (M) ____ (D) ____ (Y)		
3	Hepatitis B		Required: One Time	
	All students must have a 'Positive' Surface Antibody Titer for Hepatitis B. If this titer is 'Negative' or 'Equivocal', they must get three additional vaccinations for Hepatitis B, and then 30 days thereafter, get a repeat titer for Hepatitis B.			
	Hepatitis B Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) Positive: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
HepB Dose 1 Date: ____ (M) ____ (D) ____ (Y)		HepB Dose 2 Date: ____ (M) ____ (D) ____ (Y)		HepB Dose 3 Date: ____ (M) ____ (D) ____ (Y)
△If Negative/Equivocal: 3 Shots then re-titer▷		Hepatitis B Repeat Titer Date: ____ (M) ____ (D) ____ (Y) Positive: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
4	Varicella		Required: One Time	
	All students must have either two shots or a 'Positive' Surface Antibody Titer for Varicella.			
	A	Varicella Dose 1 Date: ____ (M) ____ (D) ____ (Y)		Varicella Dose 2 Date: ____ (M) ____ (D) ____ (Y)
B		Varicella Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) Positive: <input type="checkbox"/> Yes or <input type="checkbox"/> No, if No prove two shots		
5	TST (TB Testing)		Required: Every Year	
	All students must have one of the two methods to prove TST/PPD compliance. If TST Positive, they must prove the date and monitor for TB.			
	TST Negative	TST Test Date: ____ (M) ____ (D) ____ (Y) Retest 1-3 weeks TST Test Date: ____ (M) ____ (D) ____ (Y)		
TST Positive	TST Positive Date: ____ (M) ____ (D) ____ (Y) (One Time)			
Monitor for TB Disease				
6	Flu Shot		Required: Every Year	
	Students must submit a seasonal flu shot, for the current flu season, when available. Flu Shot Date: ____ (M) ____ (D) ____ (Y)			
FOR NURSING STUDENTS ONLY				
7	CPR Certification		Required: Every Two Years	
	All <u>Nursing Students</u> must have a CPR Card, which MUST be the American Heart Association BLS for the Healthcare Provider. NO OTHER TYPE IS ACCEPTABLE PER SMCC. Submit a copy of the FRONT and BACK of the CPR Card.			

For this form to be accepted in lieu of official documentation, it must be signed and/or stamped by a Healthcare Provider

Physician/Healthcare Provider Name (Print) _____
 Physician/Healthcare Provider Signature _____
 Signed Date _____

Physician/Healthcare Provider Stamp