

## The College of St. Scholastica PA Medicine Program

### Immunization Requirements

Each student must meet the following health requirements prior to matriculation. Some clinical sites may impose additional requirements. Self-reported immunizations/disease and handwritten documentation will not be accepted. The CSS policy on immunization of PA students is based on current [Center for Disease Control](#) (CDC) recommendations for health professionals.

Students must submit their immunization history in Exxat, the PA program's data management system.

**With the exception of immunization and TB screening results, needle/sharp reports, drug screening results, health records and information should NOT be submitted to the program—you will be instructed to immediately delete the information if you do.** Program principal faculty or staff will not accept, maintain, access or review student health records. Please refer to FERPA in the Student Handbook for guidance on how to access your own records. The program will provide the necessary forms and instructions for release of information.

**Neither PA program principal faculty, Program Director, nor the Medical Director will participate as healthcare providers for any student in the program.**

Disease	Immunization requirements are met in the following ways:
<b>Measles</b>	A positive antibody test for measles, <i>or</i> Two (2) doses of measles <i>or</i> A measles/mumps/rubella (MMR) vaccine received after 1st birthday
<b>Mumps</b>	A positive antibody test for mumps, <i>or</i> Two (2) doses of Mumps <i>or</i> a measles/mumps/rubella (MMR) vaccine received after 1st birthday
<b>Rubella</b>	A positive antibody test for rubella, <i>or</i> One (1) dose of rubella <i>or</i> a measles/mumps/rubella (MMR) vaccine received after 1st birthday
<b>Pertussis</b>	One adult dose of tetanus, diphtheria, pertussis (Tdap) vaccine NOTE: Tdap is not the same as other vaccines containing some or even all of the vaccine components (D-T-A-P) such as DTap, Td, or DT.
<b>Varicella</b>	A positive antibody test for varicella zoster, <i>or</i> Two (2) doses of varicella vaccine, <i>or</i> Two (2) doses of Shingrix (shingles vaccine)

<b>Tuberculosis (TB)</b>	<p><b>Initial TB Testing:</b></p> <p><b>Two</b> negative Tuberculin Skin Tests 1-3 weeks apart (Mantoux, PPD) or <b>one</b> negative lab documented TB screening (T-spot, TB Quantiferon) prior to the start of the program. TB screening must be completed every 12 months.</p> <p>Individuals with a past positive TB screening must comply with each of the following:</p> <ul style="list-style-type: none"> <li>● Initial medical evaluation and clearance by provider including a chest x-ray within 12 months of starting clinical experiences, and</li> <li>● Subsequent annual medical evaluation and clearance by provider, and</li> <li>● Follow up chest x-ray required every 5 years</li> </ul>
<b>Hepatitis B</b>	Positive antibody test to Hepatitis B, <i>or</i> Completed Hepatitis B vaccine series
<b>Influenza</b> <b>October 1 through</b> <b>March 31</b>	One (1) dose of influenza vaccine for current influenza season, or approved influenza vaccine exemption.
<b>COVID-19</b>	Up to Date - received all recommended vaccines and boosters when eligible