

IMMUNIZATIONS

Navarro College Physical Therapist Assistant Program

Please have your health care professional review your immunization record/status

Due to the nature of the learning experience and assignments, all PTA students must provide documentation of current immunization status for vaccine-preventable diseases & other testing. Immunizations and testing requirements are based upon recommendations and/or requirements from the following agencies and organizations: (1) clinical education sites; (2) Texas Department of Health; (3) Centers for Disease Control; (4) Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter B, Rule 97.64. The Texas Administrative Code mandates certain immunizations prior to patient contact. **Students who fail to provide appropriate documentation will not be permitted to register for clinical/practicum clinical education and must withdraw from the program.**

Document must include signature of health care provider and date(s).

Appropriate documentation includes one of the following methods in most cases:

- Copy of official Immunization Record or health care provider immunization forms
- Copy of laboratory (serological) evidence of immunity (titers)

Note: Some clinical agencies may require further documentation/testing or have additional requirements.

Required immunizations 1. Measles (Rubeola) 2. Mumps 3. Rubella (MMR See below) 4. Tetanus/Diphtheria – Td (See below) 5. Hepatitis B series (total of 3) Other recommended vaccines 1. Varicella 2. Meningococcal Required Tests: Tuberculosis (TB) Skin testing – Required annually. If a chest x-ray is necessary, the student must document a negative chest x-ray within the past three (3) years.	
MMR – If you were born on or after January 1, 1957, follow A, B, & C	MMR – If you were born prior to January 1, 1957, follow E, F, G, & H
A. Measles All students born on or after January 1, 1957 must show, prior to patient contact, acceptable evidence of two doses of measles vaccine administered since January 1, 1968 or serological evidence of immunity. There must be 30 days or more between the two doses.	E. Measles All students born prior to January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of measles vaccine or serological evidence of immunity.
B. Mumps All students born on or after January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of mumps vaccine or serological evidence of immunity. (Two doses for health care workers as of 2007).	F. Mumps All students born prior to January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of mumps vaccine or serological evidence of immunity.
C. Rubella All students born on or after January 1, 1957 must show, prior to patient contact, one dose of rubella vaccine or serological evidence of immunity.	G. Rubella All students born prior to January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of rubella vaccine or serological evidence of immunity.
D. Hepatitis B All students shall receive a complete series of Hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to Hepatitis B virus.	H. Hepatitis B All students shall receive a complete series of Hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to Hepatitis B virus.
Varicella – Students shall receive two doses of varicella vaccine unless the first dose was received prior to age thirteen. A parent or physician validated history of varicella disease (chicken pox) or varicella immunity is acceptable in lieu of vaccine. A statement from a physician, the student’s parent or guardian, or school nurse must support varicella history.	
Tetanus Diphtheria – Students must document dose of Td vaccine current (within 10 years) through anticipated completion of clinical.	

EXCLUSIONS FROM COMPLIANCE are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States (Texas Administrative Code). Requests for exclusion will be handled on an individual basis, and must be presented in a written request prior to the due date for Personal Student Portfolio.

Student Signature

Date

Please provide the following:

MMR Date: _____

Hepatitis B series - 3 Dates: _____

Td Date: _____

Varicella Date: _____