

Kadlec Regional Medical Center

Student Immunization and Vaccination Accuracy Attestation

Kadlec Regional Medical Center has made provisions for clinical experiences in our facility to provide students an outstanding experience in the field of healthcare. The safety and security of our patients, faculty, students, and all others present in our facilities is our priority. To ensure a safe and secure environment for everyone, all students must meet the following immunization and vaccination requirements *prior* to beginning their clinical experience. Evidence of the fulfillment of these requirements must be kept on file by the school, university, college, or other facility in which the student is enrolled (hereafter referred to as school). This evidence must be presented to Kadlec Regional Medical Center within 48 hours upon our request. Evidence provided can be official documents or facsimiles of official documents containing therein the immunization and vaccination records of the student.

STUDENT IMMUNIZATION AND VACCINATION REQUIREMENTS

These requirements are in place for the health and safety of our patients, faculty, students, and all others present in our facilities.

Tuberculin Status (Initial)

- Initial TB test must be completed within one year prior to clinical start date.
- Documentation of two step PPD (skin test) with a negative result, *or* documentation of an IGRA (blood test) with a negative result.
- If first time positive PPD or IGRA, follow up with a healthcare provider to obtain a medical clearance letter to include chest x-ray results
- If chronic (>2) positive PPD or IGRA, provide documentation of two separate PPD or IGRA test readings, proof of chest x-ray documenting absence of TB, proof of medical treatment (if applicable), and TB questionnaire (TB questionnaire available upon request to AcademicServices@kadlec.org).
- If participant is a current employee, extern, or volunteer, all vaccinations, TB tests, and if necessary, follow-up chest x-ray (for positive TB tests) can be obtained through Caregiver Health as part of the caregiver health benefit program. Please contact Kadlec Caregiver Health at 509-942-2990 for more information.

Hepatitis B

- Documentation of series of three vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion. If negative titer showing no immunity after initial series, obtain vaccination #4 and re-titer after 6-8 weeks or obtain vaccination #4-#6 and re-titer after 6-8 weeks. Please see your healthcare provider for recommendation.
- Alternatively, provide documentation of positive titer (anti-HBs or HepB Sab), *or* submit a signed declination* to AcademicServices@kadlec.org for participants who decline vaccination or have not yet completed series
- Alternatively, a person who is known to be non-responsive to the vaccination must have signed documentation from their healthcare provider showing immunity status.

MMR (Measles, Mumps, Rubella)

- Documentation of two vaccinations completed at appropriate time intervals.
- Alternatively, provide proof of positive titer.

Varicella (Chicken Pox)

- Documentation of two vaccinations completed at appropriate time intervals.

- Alternatively, provide proof of positive titer, *or* documentation of diagnosis of disease by their healthcare provider.

Tetanus/Diphtheria/Pertussis

- TDaP required once initially
- TD booster required every 10 years after TDaP

COVID-19

- Must provide proof of full vaccination series; series of two for Pfizer and Moderna, series of one for Johnson & Johnson/Janssen, additional booster not required at this time.
- A scanned copy of this proof must be provided to AcademicServices@kadlec.org prior to being cleared for rotation. Alternatively, proof of vaccination can be physically verified in person by a member of the Kadlec Academic Services team.
- Any student requesting a COVID-19 vaccination exemption must submit their request directly to our team at AcademicServices@kadlec.org and please notify us as soon as you can with this, as the process can take some time. We are currently accepting all vaccination exemptions as long as they are approved by the student's school / university. Kadlec will not / does not have a current process in place to approve student exemptions.
- Each student will need to provide our team with either a: Current Covid-19 Vaccination card OR a school approved Covid-19 exemption. This document must come to our AcademicServices@kadlec.org team from your school / university.

Tuberculin Status (Annual)

- If first time positive result on previous test, repeat initial requirements
- If chronic (>2) positive, a Tuberculosis Screening questionnaire must be filled out (TB questionnaire available upon request to AcademicServices@kadlec.org).

Influenza (Annual)

- Proof of seasonal vaccinations for all students with clinical experiences occurring between October 1st – March 31st.
- Vaccinations must be from current flu season and do not carry over to the next, even if within the same year.
- Alternatively, the student can provide a signed declination* to AcademicServices@kadlec.org.

*We reserve the right to override any exemption request or declination and deny the student's clinical rotation experience for any or no reason at our discretion to maintain patient, faculty, and student safety. Students who are granted exemptions or declinations may be subject to additional safety protocols including wearing a mask or other personal protective equipment, social distancing, and/or other safety protocols at our discretion.

ATTESTATION OF ACCURACY OF RECORDS

By my signature, I _____ (print name) certify that I have been informed of the immunization and vaccination requirements for students as outlined above.

I further certify that I have verified the accuracy and completeness of the student's immunization and vaccination records according to the above requirements, and that the information contained therein is accurate and complete to the best of my knowledge.

I acknowledge that this document pertains to the students whose names are listed below:

School Name _____ Program _____

Signature _____ Contact Phone # _____ Date _____