POLICY TITLE
Immunization, Tuberculosis Screening, Physical Examination and Essential Functions Requirements

POLICY NUMBER
4.15

PRIMARY RESPONSIBILITY
Office of Academic Affairs
Office of Student Affairs

CREATION / REVISION / EFFECTIVE DATES
Created June 2011/Effective January 1, 2012

PURPOSE
Requiring documentation of immunity to communicable/infectious diseases and screening for tuberculosis ensures students meet the same standards as health care facility employees. Physical examination to verify the student’s ability to meet program-specific essential functions ensures that students will be capable of completing course objectives and providing safe, competent patient care. This will also provide consistency for Ivy Tech School of Health Sciences and School of Nursing programs. Programs must use this policy to develop program requirements and procedures.

ORGANIZATIONAL SCOPE OR AUDIENCE
This policy applies to all health science and nursing students enrolled in courses requiring direct patient contact within a health care facility or laboratory, or other setting where health care procedures are performed. The policy also applies to students who do not have direct patient contact but engage in practice-based learning within a setting where health care is provided. These practice-based courses include, but are not limited to, clinical, externships, clinical practicums, campus lab courses, coop experiences, and courses with a service learning component.

DEFINITIONS
Immunity: The biological state of inherited, acquired or induced resistance to an infectious agent or its products.

Immunization: Stimulation of immunity by injection or other administration of a weakened (attenuated) infectious agent, inactivated infectious agent or component of an infectious or toxin-producing agent.

Practice-based Learning: Any course of study in which the student may be assigned to a healthcare or practice laboratory setting to meet course objectives. This includes, but is not limited to, assignment in any setting where a student provides direct patient care or
patient care services, has direct contact with patients or their families in an observational role, has access to patients’ health records, or is performing invasive healthcare procedures in a campus laboratory setting.

*SeroLogic Tests of Immunity (titers):* A quantitative measure of antibody specific for a particular infectious agent, its components or products in a biological specimen, such as blood.

**POLICY**
Documentation of immunity to communicable diseases and screening for tuberculosis will be required for all health science and nursing students enrolled in courses where clinical procedures are performed. This policy outlines minimum requirements required for all students and is based on guidelines from the Centers for Disease Control, the Indiana State Department of Health, and local health departments. Individual clinical affiliating agencies may have additional, more stringent requirements. While students may choose to decline vaccination, the declination may result in refusal of the clinical affiliating agency to accept the student for clinical experiences. A student who declines vaccination accepts sole responsibility and releases the College from liability for communicable diseases acquired as a result of exposure to infected individuals.

Students are also required to submit documentation of a physical examination and validation of the student’s ability to perform essential functions as delineated by the specific health science or nursing program. Students requiring accommodations to perform essential functions must work with the program chair and disabilities support services staff to determine if reasonable accommodations are available. Students must be able to fulfill all course objectives.

All costs associated with vaccination, serologic immunity testing (titers), tuberculosis testing, and physical examination are the student’s responsibility.

Documentation may be required either before enrollment in the professional courses or just prior to the first day of clinical or externship as specified by the program. It is the student’s responsibility to adhere to documentation due dates set by the program. Failure to submit documents as required may result in withdrawal from specific courses and/or withdrawal from the program.

It is the student’s responsibility to ensure that documentation of immunity and tuberculosis status is kept current as required by the specific program, including annual updates for tuberculosis screening. Students who are not continuously enrolled in a program until completion may be required to submit updated documentation of health requirements upon re-entry to the program or admission to a different program in the School of Health Sciences or School of Nursing. A student will be required to provide updated documentation from a licensed health care provider of continued ability to perform essential functions following any severe illness, hospitalization, physical injury, pregnancy, mental health disorder, or other serious health disruption in order to return to clinical coursework.
College personnel will take every reasonable precaution to maintain confidentiality of student health records. Some clinical agencies require the College to provide copies of the required health records, in which case students will be asked to provide consent for release of the records. Refusal to provide consent may result in refusal of the affilling agency to allow the student’s participation in practice experiences.

**PROCEDURE**

1. Each student will be provided with program-specific requirements and required documentation forms by the program (see Resources for links to Forms).

2. The student will be responsible for making appointments with his or her own healthcare providers to fulfill requirements. Healthcare providers may include licensed physicians, advanced registered nurse practitioners, and/or licensed physician assistants.

3. Required documentation of immunity to communicable diseases listed below may include documentation of vaccinations as specified and/or serologic evidence of immunity.

<table>
<thead>
<tr>
<th>Disease:</th>
<th>Vaccine Requirement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>3-dose series (dose #1, #2 in 1 month, #3 approximately 5 months after #2)</td>
</tr>
<tr>
<td>Influenza</td>
<td>1 dose of influenza vaccine annually</td>
</tr>
<tr>
<td>Measles, Mumps, &amp; Rubella (MMR)</td>
<td>2 doses of MMR, 4 weeks apart</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine, 4 weeks apart</td>
</tr>
<tr>
<td>Tetanus, Diptheria, Pertussis</td>
<td>1-time dose of Tdap, Td booster every 10 years</td>
</tr>
</tbody>
</table>

4. Students who decline vaccination will be required to complete an Immunization Declination form. Depending on specific clinical affilling agency requirements, declining immunization may prevent the student from participating in clinical coursework and may require withdrawal from the program.

5. Required documentation of Tuberculosis screening must include one of the following:

<table>
<thead>
<tr>
<th>Two-Step Tuberculin Mantoux test: first step completed within 90 days prior to the clinical semester, followed by a second step in 1-3 weeks if the first step is negative. Positive result requires chest x-ray.</th>
<th>Or</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuantiFERON®-TB Gold (QFT-G) Positive result requires chest x-ray. Indeterminate result requires Mantoux test (per ISDH)</td>
<td></td>
</tr>
<tr>
<td>And/Or</td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
</tr>
</tbody>
</table>
Tuberculosis screening must be updated on an annual basis. Individuals with a history of a positive skin or blood test will be required to complete a symptom survey. If any symptoms are present, a follow-up chest x-ray will be required.

6. The physical examination form requires that a comprehensive physical examination and review of the student’s ability to perform program-specific essential functions be completed by a licensed physician, advanced registered nurse practitioner, or licensed physician assistant. The form also requires the healthcare provider’s verification of immunity and tuberculosis screening requirements described above. It is the student’s responsibility to ensure that the healthcare provider completes all required sections of the form, including required signatures.

7. All documentation must be submitted to the designated program personnel by the specified due date.

8. Documentation will be reviewed by the program chair or his/her designee to ensure compliance with affiliating agency requirements.

9. Documentation forms will be maintained in a secure, locked file in the program office until the student completes the program or withdraws from the program.

10. Students will sign a release of information consent form prior to documentation being shared with clinical affiliating agencies.

11. A statement of the student’s continued ability to perform all program-specific essential functions from a licensed physician, advance registered nurse practitioner, or licensed physician assistant is required following any severe illness, hospitalization, physical injury, pregnancy, mental health disorder, or other serious health disruption.

12. Students who do not meet program-specific and agency-specific requirements will be advised by the program chair with regard to specific deficiencies, the impact of deficiencies on program/course enrollment, and if necessary, students will be provided advising related to withdrawal from the program and alternative academic options.

REFERENCES
Centers for Disease Control http://www.cdc.gov/
Indiana State Department of Health http://www.state.in.us/isdh/
Health Form Template with Titors Requirement
Health Form Template with Vaccines or Titors
Vaccine Declination
Annual Tuberculosis Surveillance

**RESOURCE PERSONS**  
Program or Department Chair – School of Health Sciences and School of Nursing  
Dean – School of Health Sciences and School of Nursing  
Vice Chancellor for Academic Affairs  
Vice Chancellor for Student Affairs