

## Wisconsin Healthcare Alliances' Resident Immunization and Health Requirements

<p align="center"><b>MMR Measles, Mumps &amp; Rubella</b></p>	<p>Documentation of 2 doses of vaccines; <b>OR</b> Positive Rubella, Rubeola, &amp; Mumps Titers Documented serologic immunity (titer) Must be appropriately spaced and given according to CDC guidelines (after first birthday).</p>
<p align="center"><b>Varicella</b></p>	<p>Two (2) Varicella Vaccination Dates <b>OR</b> Positive Varicella Titer</p>
<p align="center"><b>Influenza Vaccine</b></p>	<p>November 1 to March 31 for Fall session/semester, and prior to any Winter/Spring session/semester.  Residents in rotations between April 1 and October 31 are exempt from flu requirement.  • If a resident requests an “exemption”, he/she will need to follow the site policy.</p>
<p align="center"><b>Tdap Tetanus, Diphtheria &amp; Pertussis</b></p>	<p>Documentation of a one-time dose of the Tdap vaccine and then Td every 10 years.</p>
<p align="center"><b>Hepatitis B Vaccination</b></p>	<p>Immunization Series <b>OR</b> Post Vaccination Antibody Screen This is a series of three vaccinations and post vaccination antibody screen. The vaccination series is voluntary, but is highly recommended for all residents entering a healthcare facility <b>OR</b> a positive Hepatitis B Antibody titer <b>OR</b> signed declination form.</p>
<p align="center"><b>Tuberculin Test</b></p>	<p>Baseline TB screening using a two-step TB skin test or single blood assay test IGRA (QuantiFERON Gold or T-Spot). Annual single TB skin test or blood assay test thereafter.  If a resident tests positive for active TB disease, he/she must have an initial post positive chest x-ray. Follow-up will be determined by the facility.</p>
<p align="center"><b><u>Positive</u> Post TB Skin Test Conversion – Chest X-ray</b></p>	<p>If a resident has received a positive PPD result, he/she must provide the following documentation: • Positive TB skin test results • Negative chest x-ray dated post positive TB skin test conversion • Complete annual health symptom TB specific questionnaire  If a resident is positive for active TB disease, he/she must participate in an active treatment plan to be reviewed annually. Resident is not eligible to participate in rotation practicum until such time as medical provider determines he/she is not communicable.</p>
<p align="center"><b>Physical Exam &amp; Health Hx</b></p>	<p>Physical exams may be required by certain agencies.</p>
<p align="center"><b>Medical Conditions/ Injuries Requiring Immediate Resident Restrictions</b></p>	<p>Residents are responsible to immediately notify their residency program coordinator or healthcare facility coordinator of sudden changes in their medical conditions/injuries prior to next scheduled rotation day.</p>
<p align="center"><b>Drug Screen</b></p>	<p>Drug screens may be required by certain agencies.</p>

**IMPORTANT:** Healthcare requirements are determined by the organization and the GGBHA, not by a specific department within an organization. A specific department or unit cannot add to and/or change these requirements.