

MEDICAL LABORATORY TECHNICIAN PROGRAM MID-PLAINS COMMUNITY COLLEGE

VACCINATION REQUIREMENTS

Physician's signature is required to verify accuracy of information supplied.

All immunizations must be complete prior to clinical training.

STUDENT NAME: (LAST) (FIRST) (MIDDLE) ADDRESS: (STREET) (STREET) (STREET) (STREET) (WORK) DATE OF BIRTH: SOCIAL SECURITY NUMBER: This section is to be completed by a physician or health care facility official and signed on the	back of this form.
(STREET) (CITY) (S PHONE: EMAIL: (HOME) (WORK) DATE OF BIRTH: SOCIAL SECURITY NUMBER:	back of this form.
PHONE:	back of this form.
(HOME) (WORK) DATE OF BIRTH: SOCIAL SECURITY NUMBER:	back of this form.
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HEPATITIS B – required MEASLES – MUMPS – RUBELLA – require	
All MLT students are required to have the Hepatitis B vaccine All MLT students must submit one of the foll	owing:
series. If the student has received the Hepatitis B vaccine series, please certify the following. If vaccine series was completed more a. Signed HCP record documenting immunization.	tion
than 10 years ago a quantitative AB titer is needed.	
Date of first immunization:	
Name of vaccines received / Date of vaccine AND Date of second immunization:	
1 OR	
b. Laboratory report of positive immune serun 2.	antibody titer (IGG).
Date & result of Rubeola titer:	
3 Date & result of MUMPS titer:	
Post-vaccine quantitative antibody titer:	
Date/Results: Date & result of RUBELLA titer:	
Must have proof of initial dose prior to enrollment. The series must be completed prior to beginning of the 2 nd year fall classes. Tetanus – Diphtheria – Pertussis (Tdap) –	equired
All MLT students must submit signed HCP re	
immunization within past 10 years.	
VARICELLA (Chicken Pox) – required Date of Tdap booster:	
All MLT students must submit one of the following:	
a. Laboratory report of positive immune serum antibody titer (IGG).	
Date & result of VARICELLA titer: MENINGITIS – required All MLT students must submit signed HCP re	ecord documenting
OR immunization.	
b. Signed HCP record documenting immunization. Date of vaccination:	
Date of first immunization:	
AND	
Date of second immunization: POLIO – optional but recommended	
Date of vaccination:	
Decline vaccination:	
INFLUENZA – required during semester im	mediately prior to
beginning clinical training	,
Date of vaccination:	

MEDICAL LABORATORY TECHNICIAN PROGRAM MID-PLAINS COMMUNITY COLLEGE

REQUIRED TESTING - MANDATORY TB TESTING DOCUMENTATION

The Mid-Plains Community College Medical Laboratory Technician Program requires all students to have documentation of a recent (within 1 year of enrollment) Mantoux PPD two-step TB skin test to enroll in the MLT program. The student is responsible for having the required testing and it is at his/her expense. The testing must be done and this form must be completed by a licensed health care provider then returned by the student to the MLT Program director at least one (1) month prior to enrollment. Having taken the BCG vaccine is NOT an exemption from TB testing.

Positive test reactors will be required to have a chest x-ray (at student's expense) to confirm there is no active disease. Students with active disease must document that they are being treated and complying with their prescribed treatment protocol. Students with active disease that cannot document they are being treated and/or complying with their prescribed treatment protocol are not eligible for enrollment in the MLT program. A second **Mantoux** PPD TB skin test is required during the semester prior to beginning clinical training (pre-clinical).

Information to be completed by Licensed Health Care Provider

TB Skin Test: Mantoux PPD two-step Skin	Test		
Initial 2 Step test – Part 1: Date A	pplied	Date Read	
Reading (Positive reaction measured	in mm) or Negative		
Initial 2 Step test – Part 2: Date A	pplied	Date Read	
Reading (Positive reaction measured	in mm) or Negative		
1 Step test (pre-clinical) Date Appli	ed	Date Read	
Reading (Positive reaction measured	in mm) or Negative		
Chest X-ray required if: Patien	nt has had previous positive TB	skin Test or if above test is Positive -	- Past Positive Test - YES or NO
Date Completed:			
Reading – results of x-ray:			
Signature of Radiologist:			
Facility where X-ray was taken:			
Address:			
TO THE PHYSICIAN:	Please indicate above if the s	RE FACILITY INFORMATION student is NOT protected against a	ny of these diseases.
Physician/Provider Name (Print)			
Address Street	City/State	Pho Pho	one ()
Title (M.D., D.O., P.A., N.P.)	Date	Signature	

MEDICAL LABORATORY TECHNICIAN PROGRAM MID-PLAINS COMMUNITY COLLEGE

Important Student Immunization Record

DIRECTIONS: Return the Immunization Record to the Medical Laboratory Technician Program director at least 30 days prior to beginning of fall semester.

If you are accepted less than 30 days before beginning of fall semester, please **hand-deliver** your Immunization Record to the MLT Program director as soon as possible. You should go to your physician or health care provider immediately with this form, since it may take some time to obtain the required information and signature. Return your completed form to:

MLT Program
Mid-Plains Community College
1101 Halligan Drive
North Platte, NE 69101

It is strongly recommended that you obtain required routine immunizations (TB skin test, DPT, MMR, Varicella, Hepatitis B) before enrollment to minimize any adverse reactions during the early part of your education/training.

STUDENTS WHO ARE NOT PROPERLY IMMUNIZED CANNOT BE ACCEPTED INTO THE MLT PROGRAM.

The MLT Program will accept a legible copy of any physician signed document(s) proving you have had required immunizations. (You should retain original documents and keep them with your other permanent personal records.) However, all information needs to be transferred to this form and signed by a Health Care Provider.

NOTE: Any student submitting false or fraudulent information will be subject to disciplinary action.

1/09

How is two-step tuberculin skin testing done?

The two-step tuberculin skin test (TST) is used to detect individuals with past tuberculosis (TB) infection who now have diminished skin test reactivity. This procedure will reduce the likelihood that a boosted reaction is later interpreted as a new infection.

Who should receive a two-step TST?

New employees, at the time of hire, who will be tested periodically for TB infection and who:

- have never been tested; or
- have no documentation of prior testing; or
- do not remember being tested; or
- tested negative over 12 months ago.

Four appointment schedule for two-step testing

Visit 1, day 1

▶ Place the first TST and have the employee return in 48 to 72 hours for the test to be read.

Visit 2, day 2 - 3

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- ➤ If the first TST is negative, give the patient an appointment to return for placement of the second test in 7 21 days.
- ➤ If the first TST is positive, it indicates that the employee is infected with TB. No further testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

Visit 3, day 7 - 21

Place the second TST on all employees whose first test was negative using the alternate arm.

Visit 4, 48 - 72 hours after second test placed

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- ➤ If the second TST is negative, the patient is not infected.
- ➤ If the second test is positive, it indicates that the employee is infected with TB. No further testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.



Three appointment schedule for two-step testing

An alternative two-step testing method reduces the number of clinic visits from 4 to 3. The first TST is not read 48-72 hours after placement and is read at day 7. Most positive TSTs will remain positive for 7 days. Those that disappear or decrease in size by day 7 will be boosted to positive with the second TST.

Visit 1, day 1

➤ Place the first TST and have the employee return in 7 days for the test to be read.

Visit 2, day 7

- Evaluate, measure, and interpret the TST. If the first TST is not positive on day 7, place a second TST.
- ➤ If the first TST is positive at day 7, it indicates that the employee is infected with TB. No further tuberculin skin testing is indicated. Document the TST result in millimeters (e.g. 12 mm). Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

Visit 3, 48 - 72 hours after second TST placed

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- ➤ If the second TST is negative, the patient is not infected.
- ➤ If the TST is positive, it indicates that the employee is infected with TB. No further tuberculin skin testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

*Refer to your state or local guidelines for induration cut points that indicate a positive or negative result.

References

Slutkin, G., Perez-Stable, E., & Hopewell, P. (1986). Time course and boosting of tuberculin reactions in nursing home residents. *American Review of Respiratory Disease*, 134. 1048-1051.

Thompson, N., Glassroth, J., Snider, Jr, D., & Farer, L. (1979). The booster phenomenon in serial tuberculin testing. *American Review of Respiratory Disease*, *119*. 587-597

