By contract with Olympic College all students participating in patient care experiences must meet the following health and safety requirements. Olympic College is responsible for ensuring that requirements have been met prior to participation in patient care/clinical experience. Records will be kept at the Nursing Programs Administrative Office at the Bremerton campus and random review by the clinical affiliates will occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include mm/dd/yyyy if available.

### REQUIRED HEALTH DOCUMENTATION

**TUBERCULIN STATUS**
- If no previous records or more than 12 months since last Tuberculin Skin Test (TST) → 2 step TST (4 visits to provider) OR
- TB IGRA test within 12 months OR
- If negative TST within 12 months → one step TST (2 visits) AND copy of previous TST results OR
- If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check, and possible treatment documentation of absence of active TB disease) and need to complete health questionnaire
- If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of active TB, medical treatment (if recommended) and negative symptom check OR
- If history of BCG vaccine → TB IGRA. If negative → OK; If positive → follow up with Healthcare Provider as above

**HEPATITIS B**
- Provide documentation of positive titer (anti-HBs or HepB SAb) OR
- Series of 3 vaccines completed at appropriate time intervals AND **post vaccination titer** at 6-8 weeks after series completion
- If negative titer, then repeat series (consisting of doses 4-6) and repeat titer 6-8 weeks after #6 dose. **OR**
- Signed declination for students/faculty who decline vaccination

**MMR (Measles, Mumps, Rubella)**
- Proof of immunity by titer OR
- Proof of vaccination (2 doses at appropriate intervals)

**VARICELLA (Chicken Pox)**
- Proof of immunity by titer OR
- Proof of vaccination (2 doses at appropriate intervals)

**TETANUS, DIPTHERIA, PERTUSSIS (Tdap)**
- Tdap required once (after the age of 12)
- Td required every 10 years after Tdap

**INFLUENZA**
- Proof of seasonal vaccination(s) (fall and winter quarters) OR
- Signed declination for student/faculty who decline vaccination

### REQUIRED SAFETY DOCUMENTATION

**BACKGROUND CHECK**
- DSHS background authorization completed through external link in Canvas uploaded to the Canvas assignment
- Disclosure statement (hard copy completed and scanned copy/photo uploaded in Canvas)

**INSURANCE**
- Malpractice Insurance (from Olympic College Cashier)
- Liability Insurance (from Olympic College Cashier)
- Proof of Personal health/accident insurance
  - Student Injury Insurance available at [www.4studenthealth.com](http://www.4studenthealth.com)

**ADDITIONAL REQUIREMENTS**
- Copy of current government-issued photo ID
- Student Acknowledgement of HIPAA Regulations (hard copy completed and scanned copy/photo uploaded in Canvas)
- American Heart Association BLS Provider card (completed in class; e-card claimed through OC student email)

All required documentation must be submitted to Canvas no later than the 6th week of Fall, Winter or Spring Quarters or 3rd week of Summer quarter. Date: ___________________
This form is to serve as a checklist in gathering your documentation and NOT as record of your health and safety information.

### HEPATITIS B
(3 primary series shots (at 0,1,6 mo) plus titer confirmation (6-8 weeks later))
- A. Immunity confirmed by titer (anti-HBs or HepB SAb)
  - Date_______
- OR
- B. Vaccination Dates
  1) ______________
  2) ______________
  3) ______________
  AND Immunity confirmed by titer Date _______
- OR
- B. If negative titer after initial series of 3 vaccines, then vaccines #4-#6
  4) ______________
  5) ______________
  6) ______________
  AND Immunity confirmed by titer Date _______
- OR
- D. Signed declination Date __________
- OR
- E. History of disease Date______ Known non responder____

### MMR (Measles, Mumps, Rubella)
- A. Vaccination Dates
  1) ______________
  2) ______________
- OR
- B. Immunity confirmed by titers:
  - Measles Date____________
  - Mumps Date____________
  - Rubella Date____________

### VARICELLA (Chicken Pox)
- A. Immunity confirmed by titer
  - Date__________
- OR
- B. Vaccination Dates
  1) ______________
  2) ______________

### TUBERCULIN STATUS
- A. Two-step TST (if > 12 months or no previous record since last TST):
  - Skin Test #1 Date of results: _______
  - Result: Neg____Pos____mm_____
  - Skin Test #2 Date of results: _______
  - Result: Neg____Pos____mm_____
  (#2 Placed within 1-3 weeks of #1)
- OR
- B. TB IGRA Date_______ Result:_________
- OR
- C. One-step TST (if negative TST within last 12 months—copy of previous TST results must also be provided)
  - Skin Test #1 Date________
  - Result: Neg____Pos____mm_____
- OR
- D. Signed declination Date _______
- OR
- E. Healthcare Provider visit Date________

### BACKGROUND CHECK
- A. DSHS background authorization completed through external link in Canvas and emailed to NA Director
  - Date___________
- B. Disclosure Statement (completed in class)
  - Date__________

### INFLUENZA
Effective dates: 08/31/2020 – 4/30/2021
- A. Proof of seasonal vaccination (not required in spring or summer quarters)
  - Vaccination Date _______
- OR
- B. Signed declination
  - Date _______

### INSURANCE
- A. Liability Insurance (purchased at OC Cashier)
  - Date: _______
- B. Malpractice Insurance (purchased at OC Cashier)
  - Date: _______
- C. Personal Health Insurance
  - Date: _______

### ADDITIONAL REQUIREMENTS
- A. Copy of valid picture ID (copy given to director)
- B. BLS Provider (course completed in class; e-card claimed through OC email)
  - Date: _______
- B. Student Acknowledgement of HIPAA Regulations (completed and returned to instructor in class)
  - Date: _______

### TETANUS/DIPHTHERIA/PERTUSSIS
- A. Tdap Date __________
- B. Td Date __________