

# Immunization, Health, and Safety Requirements

## ASN Program

### COLLEGE Requirements

All College Students must submit the following requirements within 30 days of Registering for Classes. Students will receive an evite to setup their Castle Branch Account following course registration. Students may submit official health summaries or lab reports. Students who have not submitted their requirements will have an academic hold placed on their account until each requirement has been met.

**\*Background Check:** All students must complete the background check forms and have an in-person ID check. It may *not* be done via email or mailing. Forms are available on laboure.edu, my.laboure.edu and on campus. Please submit your forms to Health and Safety Records Office in C-127.

<p><b>Measles (Rubeola), Mumps, &amp; Rubella</b></p> <p>One of the following is required:</p>	<ul style="list-style-type: none"> <li>• 2 vaccinations OR</li> <li>• Positive antibody titer for all 3 components (lab report required)</li> </ul> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. If your titer is negative or equivocal, a new alert will be created for you to select which of the following you will submit:</p> <ul style="list-style-type: none"> <li>• Booster and repeat titer</li> <li>• Repeat vaccine series</li> <li>• Repeat vaccines series and repeat titer</li> </ul>
<p><b>Varicella (Chicken Pox)</b></p> <p>One of the following is required</p>	<ul style="list-style-type: none"> <li>• 2 vaccinations OR</li> <li>• Positive antibody titer (lab report required)</li> </ul> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. If your titer is negative or equivocal, a new alert will be created for you to select which of the following you will submit:</p> <ul style="list-style-type: none"> <li>• Booster and repeat titer</li> <li>• Repeat vaccine series</li> <li>• Repeat vaccines series and repeat titer</li> </ul>
<p><b>Hepatitis B</b></p> <p>One of the following is required:</p>	<ul style="list-style-type: none"> <li>• 3 vaccinations OR</li> <li>• Positive antibody titer (lab report required) OR</li> <li>• School declination waiver</li> </ul> <p>If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series and titer. If your titer is negative or equivocal, a new alert will be created for you to select which of the following you will submit:</p> <ul style="list-style-type: none"> <li>• Booster and repeat titer</li> <li>• Repeat vaccine series</li> <li>• Repeat vaccines series and repeat titer</li> </ul>
<p><b>Tetanus</b></p>	<p>Submit documentation of a Tetanus, Diphtheria &amp; Pertussis (TDaP) vaccination, administered within the past 10 years. The renewal date will be set for 10 years from the date administered. A Td vaccination is acceptable upon renewal.</p>
<p><b>Meningitis</b></p> <p><i>Students 21 years of age and under only</i></p>	<p>Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y or fall within one of the exemptions in the law. For more information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and to view the Declination Waiver for Students at Colleges please go to <a href="https://www.mass.gov/lists/meningitis-vaccination-requirements">https://www.mass.gov/lists/meningitis-vaccination-requirements</a> or email us at <a href="mailto:healthandsafetyrecords@laboure.edu">healthandsafetyrecords@laboure.edu</a>.</p>

## Immunization, Health, and Safety Requirements *(Cont'd)*

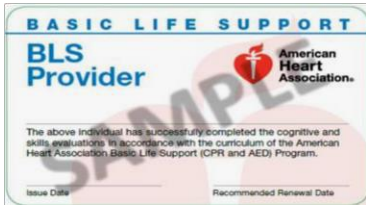
### \*Professional Nursing Course Requirements

All students registered for Professional Nursing (NUR) courses must submit the following by the due date outlined below.

**Fall Professional Nursing Course:** Due by August 15<sup>th</sup> *(extension for flu shot)*

**Spring Professional Nursing Course:** Due by December 15<sup>th</sup>

**Summer Professional Nursing Course:** Due by April 15<sup>th</sup>

<h3>*Professional Nursing Course Requirements</h3> <p>All students <u>registered for Professional Nursing (NUR) courses</u> must submit the following by the due date outlined below.</p> <p><b>Fall Professional Nursing Course:</b> Due by August 15<sup>th</sup> <i>(extension for flu shot)</i></p> <p><b>Spring Professional Nursing Course:</b> Due by December 15<sup>th</sup></p> <p><b>Summer Professional Nursing Course:</b> Due by April 15<sup>th</sup></p>	
<b>Tuberculosis (TB)</b>	<p>One of the following completed within the past 12 months is required:</p> <ul style="list-style-type: none"> <li>1 step TB skin test OR</li> <li>2 step TB skin test (administered 1-3 weeks apart) OR</li> <li>QuantiFERON Gold blood test (lab report required) OR</li> <li>T-Spot blood test (lab report required) OR IGRA blood test (lab report required)</li> </ul> <p>The renewal date will be set for 1 year. Upon renewal, one of the following is required:</p> <ul style="list-style-type: none"> <li>1 step TB skin test OR</li> <li>QuantiFERON Gold blood test (lab report required) OR</li> <li>T-Spot blood test (lab report required) OR</li> <li>IGRA blood test (lab report required) OR</li> </ul> <p>If positive results, submit a clear Chest X-ray (lab report required) along with TB Symptom questionnaire form. A new chest x-ray is required every 5 years.</p> <p>If you submit a Chest X-ray, a TB Symptom questionnaire must be submitted every 12 months.</p>
<b>Influenza</b>	<p>One of the following is required:</p> <ul style="list-style-type: none"> <li>Documentation of a flu vaccine administered during the current flu season (August-May) OR</li> <li>Declination Waiver available for download from this requirement. Declination waiver must be signed.</li> </ul> <p><b>The renewal date will be set for 9/1 of the following flu season.</b></p>
<b>CPR Certification</b>	<div style="text-align: center;">  </div> <p>Submit your American Heart Association Healthcare Provider CPR certification. The front AND back of the card must be submitted at the same time and Training Center/Instructor Information must be present on the back of the card. Electronic cards are acceptable as well but must have the Training Center/Instructor Information on them. <b>Visit <a href="http://heart.org">heart.org</a> to locate a training center near you!</b></p> <p>Temporary approval will be granted for 30 days with the submission of either a certificate of completion, or letter stating course completion from the provider. The renewal date</p>

*\* Students will be notified if any additional clinical requirements are required in the future.  
If you have registered for a class and have not received your Castle Branch evite, please email [healthandsafetyrecords@laboure.edu](mailto:healthandsafetyrecords@laboure.edu)*