



Immunization Requirements for Allied Health Programs

All immunization requirements **MUST** be uploaded to Castle Branch and accepted by their reviewers for a student to remain in good standing in the program. Failure to meet deadlines may result in termination from the program. Each program sets their own deadlines. Refer to the acceptance letter.

ALL students must meet the immunization requirements. Exceptions for health restrictions (pregnancy, immunotherapy treatments, etc. must be documented and signed by the treating physician) and will be considered on a case-by-case basis.

Upon acceptance in the nursing program, the following requirements are **REQUIRED** to be completed and accepted by Certified Background by the due date. PLEASE NOTE: Castle Branch has peak submissions during August. DO NOT WAIT UNTIL AUGUST 1 to begin this process.

MMR and Varicella – Titers are required to show positive immunity.

Proof of childhood disease is not accepted

Titers must have been performed within 10 years of starting the program

Tetanus –

- Proof of a tdap immunization performed within 10 years of starting the program is required and must be updated if the 10-year limit expires while you are in the program.

Hepatitis B

- Proof of the 3 series of injections is required. **If you have not had the series and choose not to do it at this time, you must complete the attached waiver.**
- If you start the series, upload the information to Certified Background for the first injection and update your record as you receive the remaining shots. **You must sign the waiver if you are in process.**

Tuberculosis

- Proof of a negative QuantiFERON test.
- PPD are **NO LONGER ACCEPTED**

FLU SHOTS

- Flu shots will not be available until August 15th. Deadline for Castle Branch approval is **September 30**. This is required before you will be allowed to attend clinicals. Failure to comply may lead to dismissal from the program.

Information required on EVERY submission to Certified Background include:

- **Official letterhead or pharmacy form**
- **Student name – please ensure your name is on the document you submit**
- **Description of immunization and date of injection or titer**
- **Signature of pharmacist/ technician/physician**