



**Health Care Workforce Alliance of South Central-Southwest Wisconsin
Uniform Health Requirements**

(For students utilizing HCWA member healthcare facilities)

Tuberculin Test	Hepatitis B Vaccination	MMR	Varicella Vaccination	Influenza Vaccination	Tetanus/Diphtheria/Pertussis Vaccine
<p>Give official documentation of the last TB skin test or quantiFERON gold test.</p> <p>If greater than 12 months, a two-step is required, OR quantiferon gold test.</p> <p>For known positive TB skin test or quantiFERON gold: evidence of a negative baseline chest x-ray at or within one year of starting their initial clinical experience AND an annual TB questionnaire.</p>	<p>Hepatitis B vaccination series</p> <p>Completion Dates:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p align="center">OR</p> <p>Signed declination</p> <p align="center">OR</p> <p>Positive hepatitis B titer</p>	<p>Dates of 2 MMRs</p> <p>Completion Dates:</p> <p>_____</p> <p>_____</p> <p align="center">OR</p> <p>Positive rubella titer, rubeola titer and mumps titer</p>	<p>Two (2) Varicella Vaccination dates</p> <p>Completion Dates:</p> <p>_____</p> <p>_____</p> <p align="center">OR</p> <p>Positive varicella titer</p>	<p>Influenza vaccination dates</p> <p>Completion Date:</p> <p>_____</p> <p>(October–February)</p>	<p>Documentation of a TDap booster within the past 10 years</p> <p>Date of TDap Vaccine:</p> <p>_____</p> <p align="center">OR</p> <p>Positive tetanus/diphtheria/pertussis titer</p>

PLEASE NOTE:

- CPR Certification is required.