IMMUNIZATION REQUIREMENTS

The following immunizations are **REQUIRED** by the JoAnne Gay Dishman School of Nursing Student Health Policy and **must** be completed one week prior to the first-class day of the semester. According to the Texas Administrative Code (2010), nursing students must have all of the following vaccinations before they engage in direct patient contact:

1. **TUBERCULIN SCREEN (ANNUALLY):**
   a. Date tested either TB skin test or Interferon Gamma Release Assay [IGRAs] (Must be current for the entire semester).
   b. Results*
      *Note: If TB screen is positive, your Primary Care Provider must submit a statement concerning your current health status. If chest x-ray done, attach copy of the report.

2. **POLIO:** Not required if older than 18 years of age.
   a. Date of last oral dose
      OR
   b. Exempt by age

3. **TETANUS/DIPHTHERIA/PERTUSSIS:** An initial series of DTaP required with a Tdap booster documented after the age of 11 or 12 years, then a Td booster every 10 years.
   a. Proof of initial series
      AND
   b. Date of Tdap booster
   c. Date of last Td

4. **MEASLES:**
   a. Dates of 2 immunizations*
      *All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart.
      OR
   b. Confirmed immunity by serologic testing OR
   c. Confirmation of the disease from healthcare provider or official school records OR
   d. Written waiver or letter from primary care provider stating medial reason for exemption

5. **MUMPS:**
   a. Dates of 2 immunizations*
      *All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart.
      OR
   b. Confirmed immunity by serologic testing OR
   c. Confirmation of the disease from healthcare provider or official school records OR
   d. Written waiver or letter from primary care provider stating medial reason for exemption
6. RUBELLA:
   a. Date of last immunization
   **OR**
   b. Confirmed immunity by serologic testing
   **OR**
   c. Confirmation of the disease from healthcare provider or official school records
   **OR**
   d. Written waiver or letter from primary care provider stating medical reason for exemption

7. VARICELLA:
   a. Dates of 2 immunizations
   **OR**
   b. Confirmed immunity by serologic testing
   **OR**
   c. Confirmation of the disease from healthcare provider or official school records
   **OR**
   d. Written waiver or letter from primary care provider stating medical reason for exemption

8. HEPATITIS B:
   a. Dates of 3 immunizations (primary series - series of 3 immunizations taken as a child) **AND**
      Laboratory confirmed immunity by serologic testing (blood test)*
      *If the serologic testing is negative immunity, then the student must either take one booster dose or Repeat a 2nd series (3 immunizations).
   **OR**
   b. Confirmed immunity by serologic test*
   **OR**
   c. Written waiver or letter from primary care provider stating medical reason for exemption

9. INFLUENZA VACCINE (ANNUALLY):
   a. Due by October 15 each fall semester
   **OR**
   b. Written waiver or letter from primary care provider stating medical reason for exemption

Reference

Original adopted by Faculty Association 1996; Revised Faculty Association 3/29/20, Revised Faculty Association 12/9/2020