

**LAMAR UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
DISHMAN SCHOOL OF NURSING**

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 (2016), nursing students must submit proof of the following vaccinations before they engage in direct patient contact:

IMMUNIZATION	FREQUENCY	REQUIREMENTS
TUBERCULIN SCREEN	ANNUALLY	a. Either TB skin test OR TB blood test (IGRA: QuantiFERON or T-SPOT) b. Results of TB test: <ul style="list-style-type: none"> • If negative – submit dated report. • If positive – submit dated report and dated statement from your Primary Care Provider concerning your current health status. If a chest x-ray is performed, please submit copy of dated report only once.
POLIO	ON ADMISSION	Not required if older than 18 years of age. a. Date of last oral dose OR b. Exempt by age
TETANUS/ DIPHTHERIA/ PERTUSSIS	ON ADMISSION	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
MEASLES	ON ADMISSION	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 medical reason for exemption
MUMPS	ON ADMISSION	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 medical reason for exemption
RUBELLA	ON ADMISSION	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

IMMUNIZATION	FREQUENCY	REQUIREMENTS
VARICELLA	ON ADMISSION	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
HEPATITIS B	ON ADMISSION	Choose the option which describes your circumstances: Option A: (Has proof of primary series. Must be completed in the order given): a. Submit dates of 3 immunizations (usually taken as a child – also called “primary series”). b. Obtain serologic testing or titer (blood test) to determine immunity to Hepatitis B virus. c. Result of serology/titer test: <ul style="list-style-type: none"> • If result is positive (immune) – submit dated proof of serology/titer. • If the result is negative (not immune), then student must <u>EITHER</u> submit dated proof of taking one booster dose <u>OR</u> repeat a second series of 3 immunizations (submit dated proof after each immunization). • After the above requirements are completed, is not necessary to submit another serology/titer. Option B: (Has <u>no</u> proof of primary series. Must be completed in order given) a. Must complete CDC approved Hepatitis B vaccine series. Follow guidelines below for three vaccine series (most common). <ul style="list-style-type: none"> • Submit dated proof of first immunization by the application deadline. • Submit dated proof of second immunization by deadline in current nursing program application (required before providing patient care). Following the recommendation of the primary care provider, the second immunization must be received no sooner than one month after the first. • Submit dated proof of third immunization after date recommended by primary care provider (usually 5 months after receipt of second immunization). b. Submit dated proof of serologic testing/titer (blood test) after date recommended by primary care provider (usually 4-6 weeks after third immunization is given). Option C: (Needs medical exemption) a. Submit dated waiver or letter from primary care provider stating medical reason for exemption.
INFLUENZA VACCINE	ANNUALLY	Please refer to INFLUENZA VACCINATION POLICY (next page)

Reference

Texas Administrative Code (2016, July). Rule 97.64: Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education. Retrieved from [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl=64](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl=64)

**LAMAR UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
DISHMAN SCHOOL OF NURSING**

INFLUENZA VACCINATION POLICY

All students enrolled in the Dishman SON undergraduate nursing programs are required to submit documentation of having received the influenza vaccination for the current flu season (September through April). The influenza vaccination is required even if a student is not enrolled in a practicum course. The documentation must be submitted to and processed by SentryMD each year. Students must submit documentation to SentryMD at least 5 business days before the due dates described below to allow for processing (weekends and holidays are not considered business days).

- For Fall Start: Submit dated proof of immunization for the *current* flu season by October 15 each Fall semester.
- For Spring Start: Submit dated proof of immunization for the *current* flu season no later than one week before the first day of class. For each subsequent semester, submit dated proof of immunization for the *current* flu season by October 15.

Exemptions for the influenza vaccination may be granted for medical reasons, religious reasons, or other matters of conscience. Students requesting an exemption must present documentation supporting the request to the Director of Undergraduate Nursing Studies by October 1 for students starting in the fall and by the first-class day for students starting in the spring.

Students with an exemption will be required to wear a mask in patient areas during the peak of the flu season or for the length of time required by the practicum facility. Some facilities will not permit students, including students with an exemption, to attend practicum without an influenza vaccination. If another practicum site cannot be secured, students with an influenza exemption will need to withdraw from the related didactic and practicum courses.

Enforcement

Students who are noncompliant with submitting documentation of the influenza vaccination, will not be allowed to attend practicum, will receive an unexcused absence for one missed day, and placed on a contract. A second missed day for this reason would result in violation of the contract, resulting in possible course failure.

Approved Faculty Association 9/14/2012; Revised 12/4/2015; 11/11/2019; 12/15/2021; 5/3/2023